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The Politics of Islamist Social Service Provision in Egypt

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The Politics of Islamist Social Service Provision in Egypt

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To Bob

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*Steven Brooke
Austin, Texas*

The Politics of Islamist Social Service Provision in Egypt

by

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Since its re-emergence under Anwar El-Sadat in the 1970s, the Muslim Brotherhood has provided millions of Egyptians with a valuable array of social services, from discounted food, to education, to medical care. Yet this distribution is uneven- some areas host extensive social service networks, while others are passed over or receive only minimal attention. This project examines the spatial variation in the Muslim Brotherhood's social service network through three interlocking questions: Under what conditions does the Brotherhood extend social service provision? What are the effects of this social service provision on patterns of sociopolitical mobilization? And what is the causal pathway through which social service provision influences a recipient's beliefs and behaviors? Using spatial, qualitative, and experimental data I show how Egypt's authoritarian political economy incentivized the Brotherhood to channel social service resources away from Egypt's myriad poor neighborhoods and villages and into middle class, electorally competitive areas. In those districts, the group's provision of social services drove electoral support neither through the contingent, episodic exchange of clientelism nor by generating a cadre of Islamists seeking to establish God's rule on earth. Instead, the Brotherhood's professional and compassionate social service provision generated a powerful reputational effect that benefitted the group on election day.

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Many media reports on the eve of Egypt's winter 2011-2012 parliamentary elections contained at least a cursory mention of how the Muslim Brotherhood's extensive network of social services would drive the group to victory. One *Associated Press* dispatch, for instance, pointed out that the Brotherhood's "machine" would "appeal to poor voters" and power the group's inevitable triumph. But towards the end of the report a resident of the village of 'Elwan, a "poor farming community, where most people live on government-subsidized bread and suffer from poor sanitation, roads, schools and hospitals," complained to the correspondent that "the Muslim Brotherhood never helped here."¹ In a separate dispatch on those same elections, *PBS Newshour's* Margaret Warner opened her report from the Brotherhood's bustling *al-Farouq* hospital in the southern Cairo suburb of Ma'adi. Medical facilities like this, Warner surmised, were part of the reason the Brotherhood was expected to succeed in the upcoming elections.² But Ma'adi is one of Cairo's wealthiest suburbs, home to diplomats, expats, and many of Cairo's westernized elite. Why does the Brotherhood provide social services in one of Egypt's wealthiest neighborhoods, yet has "never helped" in 'Elwan, where these efforts are sorely needed?

I use a variety of historical, spatial, qualitative, and experimental data to show how Egypt's underlying socioeconomic terrain and overarching electoral institutions shaped the Muslim Brotherhood's distribution of social services. Specifically, they incentivized the Brotherhood to divert social service resources away from Egypt's myriad poor neighborhoods and villages where the National Democratic Party (NDP) held an effective political monopoly and into middle class,

¹Ben Hubbard, "Muslim Brotherhood's Machine Helps in Egypt Vote," *Associated Press*, November 30, 2011. Available online at: <http://goo.gl/wO2Qcy>. Accessed July 11, 2015.

²"Egypt's Muslim Brotherhood Flexes Potent Political Force," *PBS Newshour*, September 14, 2011. Available online at: http://www.pbs.org/newshour/bb/world-july-dec11-egypt_09-14/. Accessed July 11, 2015.

electorally competitive electoral districts. In those districts, the group's social service provision drove electoral support neither through the contingent, episodic exchange of clientelism nor by generating a cadre of Islamists seeking to establish God's rule on earth. Instead, the Brotherhood's high quality and compassionate social service provision generated a powerful reputational effect that worked to the group's benefit on election day.

Prior scholars have suggested that Islamist groups use social service provision to recruit and cultivate group solidarity (Cammatt 2014, Berman 2011, Clark 2004, Wickham 2002, Munson 2001), construct an alternative state and foment revolution (Davis and Robinson 2012, Bayat 2007a, Deeb 2006, Berman 2003, Wiktorowicz and Taji-Farouki 2000), or to express the ideals of Islamic charity (Mishal and Sela 2006, Hammad 1997). In theory, it should be easy to research and test these competing hypotheses. Authors describe the Brotherhood's social service initiatives in a way that makes it seem as if one must make a concerted effort to *ignore* them. To note but a few passages, this network is supposedly "vast" (Miller 1997, 179) and able to "rival or better the state's social services" (Ismail 2006, 36). Davis and Robinson describe the Brotherhood's "massive decentralized network of mosques, religious schools, clinics and hospitals, Islamic banks, textile factories, day care centers, youth clubs, social welfare agencies, services for the unemployed, and legal aid agencies" (2012, 7). Berman tells us that Islamists' "grass-roots involvement in practically every nook and cranny of Egyptian life" gives them essentially unlimited pathways through which to reach ordinary citizens (2003, 261). An enterprise so ubiquitous should be rather easy to research.

Yet there is an uncomfortable contradiction at the heart of nearly all of these studies: their sweeping conclusions rest on shaky evidence. A review of Arabic-language literature summarizes that "despite widespread controversies about Is-

lamic Associations or ‘NGOs’ in Egypt and the Arab countries, specific studies about them remain limited, and detailed, specialist studies are rare” (Shukr 2006, 7). Likewise, Bibars notes that although “the existence of this shadow and parallel [Islamist] welfare system is an important phenomenon with a profound ideological impact on society, it has not been studied comprehensively” (2001, 107). Even those researchers most familiar with the Muslim Brotherhood or Egypt note the difficulty of studying the phenomenon. “Any endeavor to plumb the depths of the Brotherhood’s social service network,” according to Masoud, is bound to encounter “enormous difficulties” (2008, 147). Abdelrahman tells us that studying the subject is essentially an “impossible task” (2004, 122). This is why, as Cammett and Jones Luong concluded in a recent review essay, even the most basic aspects of Islamist social service provision remain “presumed rather than demonstrated” (2014, 188).

This lack of empirical detail makes assessing basic claims difficult. For instance, one author asserts that the Brotherhood operates “more than 20,000 clinics” throughout Egypt, yet provides no source for the claim (Ibrahim 1988, 642-643). Davis and Robinson state that the Muslim Brotherhood operates 1000 medical clinics throughout Egypt, and 300 in Cairo alone (2012, 55). Yet the article they cite as evidence actually mentions *Islamic* medical clinics, not *Brotherhood* ones (Talhami 2001, 317).³

This project moves the study of the Brotherhood’s social service provision out

³To further illustrate the point, even those numbers (1000 Islamic medical clinics in Egypt, and 300 in Cairo) are likely incorrect. The raw numbers originated in an unsourced column in an Egyptian newspaper in the late 1980s, which Suheir Morsy cited in her article “Islamic Medical Clinics in Egypt: The Cultural Elaboration of Biomedical Hegemony” (1988). Clark cited both Morsy’s academic article as well as the newspaper column in her own academic article (1995), although she wisely included a disclaimer about the original source, the newspaper column. Talhami, in turn, cited Clark’s article for the 1000/300 figure, but dropped the disclaimer. Davis and Robinson then cited Talhami’s article. Thus a weakly-sourced and dubious claim about Islamic clinics in general is transformed into a statement about the Brotherhood’s medical empire.

of the realm of questionable claims and unfalsifiable “just so” stories and onto the terrain of theoretically precise, empirically supported inquiry. To do so, I marshal a variety of original historical, spatial, qualitative, and experimental data exploring the reach of the Brotherhood’s social service network, illuminating its history, revealing how it functions, and examining how its activity influences the beliefs and behaviors of those it benefits. The qualitative aspects of this project distill nearly a decade’s worth of study of the Brotherhood, including dozens of interviews with leaders and members of the organization, written memoirs and oral histories of key figures, archival documents, coverage in contemporary Islamist periodicals, and over 50 years worth of Egyptian laws, court cases, and media coverage. The fieldwork for this project encompassed close observation of multiple social service endeavors, both those affiliated to the Muslim Brotherhood and not.

Studying spatial relationships is a fruitful and underutilized way to understand the interaction between the Muslim Brotherhood and the larger sociopolitical environment in which it exists. A key contribution of this project is an original dataset charting the spatial distribution of the Egyptian Muslim Brotherhood’s social service activism across Egypt, which I assembled through a combination of open source research, satellite maps, and in-person site visits during which I recorded the facilities’ precise longitudes and latitudes from my smartphone. The bulk of this dissertation focuses on the over three dozen “brick-and-mortar” (Cammett and Issar 2010) medical facilities operated by the Islamic Medical Association (IMA), the Muslim Brotherhood’s largest organized social service organization. The conclusion expands the spatial analysis to over 1,000 of the group’s community associations and roughly 75 of its schools.

To analyze the relationship between the Brotherhood’s social service network

and electoral mobilization, I nest these facilities' locations within ArcGIS-based reconstructions of Egypt's electoral map. These include both district races for Egypt's lower house of parliament (*Majlis al-Sha'b*) under Hosni Mubarak as well as geolocated ballot-box data for the Summer 2012 presidential run-off between Brotherhood candidate Mohammed Morsi and former Mubarak-era Prime Minister Ahmed Shafiq. As part of this analysis, I compiled a complete and original dataset of hundreds of Muslim Brotherhood candidates for Egypt's lower house of parliament, stretching from 1976 (the year of the group's first post-Nasser political foray) to 2011. To these maps I append highly disaggregated socioeconomic data on religiosity, wealth, availability of public infrastructure, density of Islamist activism, and electoral statistics such as candidate entry. This material not only allows the most complex and rigorous tests of hypotheses purporting to explain Islamic social service provision to date, it continues "the spatial revolution that is transforming the social sciences" (Kocher and Laitin 2006, 25).

Finally, in order to evaluate how social service provision influences individual behavior, in early 2014 I oversaw a roughly 2400-person telephone survey of Egyptians.⁴ In addition to collecting basic information about Egyptians' experiences with medical provision, this survey also contained a randomized experimental component. By subtly manipulating basic information presented to the respondents about medical services in Egypt, the survey was able to precisely assess how the Brotherhood's social service provision affected political attitudes, including how likely an individual was to support the Brotherhood in elections and how they perceived the group's candidates for elected office.

Together, these materials constitute the most detailed account of the Muslim

⁴The survey was conducted in collaboration with Jason Brownlee of the University of Texas at Austin.

Brotherhood's social service network that has ever been assembled. Yet the ambitions of this dissertation are broader than just explaining the observed empirical variation between the "poor farming village" of 'Elwan and the upscale, leafy suburb of Ma'adi. The story of the Egyptian Muslim Brotherhood's social service provision motivates a broader theoretical question about elections in non-democratic regimes, and in particular the conditions under which opposition parties can successfully mobilize voters.

Why Opposition Parties Win

While this dissertation is about social service provision, the story is impossible to tell without an appreciation of the broader ways that political competition—even in non-democratic environments— influences actors and shapes societies. As such, this project marks somewhat of a departure from the field's focus on regime durability as a key outcome variable in the study of authoritarian and dominant party elections (Blaydes 2011, Levitsky and Way 2010, Brownlee 2007, Greene 2007, Magaloni 2006, Geddes 1999). Indeed, amidst stilted electoral competition, rampant irregularities and fraud, feeble opposition parties, and popular apathy authors cautioned against reading too much into the particular characteristics and outcomes of these contests. Brownlee, for instance, suggests that we instead explore "nonelectoral mechanisms of power" such as labor strikes, protests, and anti-regime violence (2011, 822).

While this emphasis on regime durability and extra-institutional activism has generated a series of important insights, it has also created "a paucity of comparative literature" (Posusney 2005, 19) that asks why opposition parties and candidates enter non-democratic elections, how they appeal to voters, why voters

might choose to support an opposition party over the regime, or indeed choose one opposition party over another (Gandhi and Lust-Okar 2009). By examining these mechanics, this project heeds Lust's call to take such political competition in non-democratic settings seriously (2008).

From Anwar El-Sadat's introduction of limited pluralism in 1976 to Hosni Mubarak's exit from power in 2011, Egypt was an exemplary case of a regime that maintained its authoritarian essence underneath a veneer of electoral competition. Blaydes, for instance, calls Mubarak-era Egypt "the modal authoritarian regime that exists in the world today" (2011, 21).⁵ Without entering into a debate over typologies or subtypes, I assume that while elections would likely never serve to challenge the Egyptian regime's political primacy (indeed, it took massive street protests to dislodge Hosni Mubarak), neither were these contests "façades" (Levitsky and Way 2002, 53). In other words, while there was little struggle over the commanding heights of the state, I assume that examining the mechanics of where a regime's favored candidate wins or loses, when an opposition candidate chooses to run or sit out, or why one opposition party is able to triumph while another fails can provide important insight into vital questions of how power is organized, applied, and the conditions under which it can be successfully contested.

Egypt offers numerous parallels with outside cases of non-democratic elections. Yet one notable disjuncture concerns the divergent fates of the country's various opposition parties. In his study of the *Partido Revolucionario Institucional*, which dominated Mexican politics for over 70 years, Greene identifies a particu-

⁵Scholars differ over how exactly to classify Mubarak-era Egypt, variously referring to it as a case of "electoral authoritarianism" (Schedler 2006), "semi-authoritarianism" (Ottaway 2003), "hegemonic electoral authoritarianism" (Diamond 2002), and "closed authoritarian" (Levitsky and Way 2010), among others.

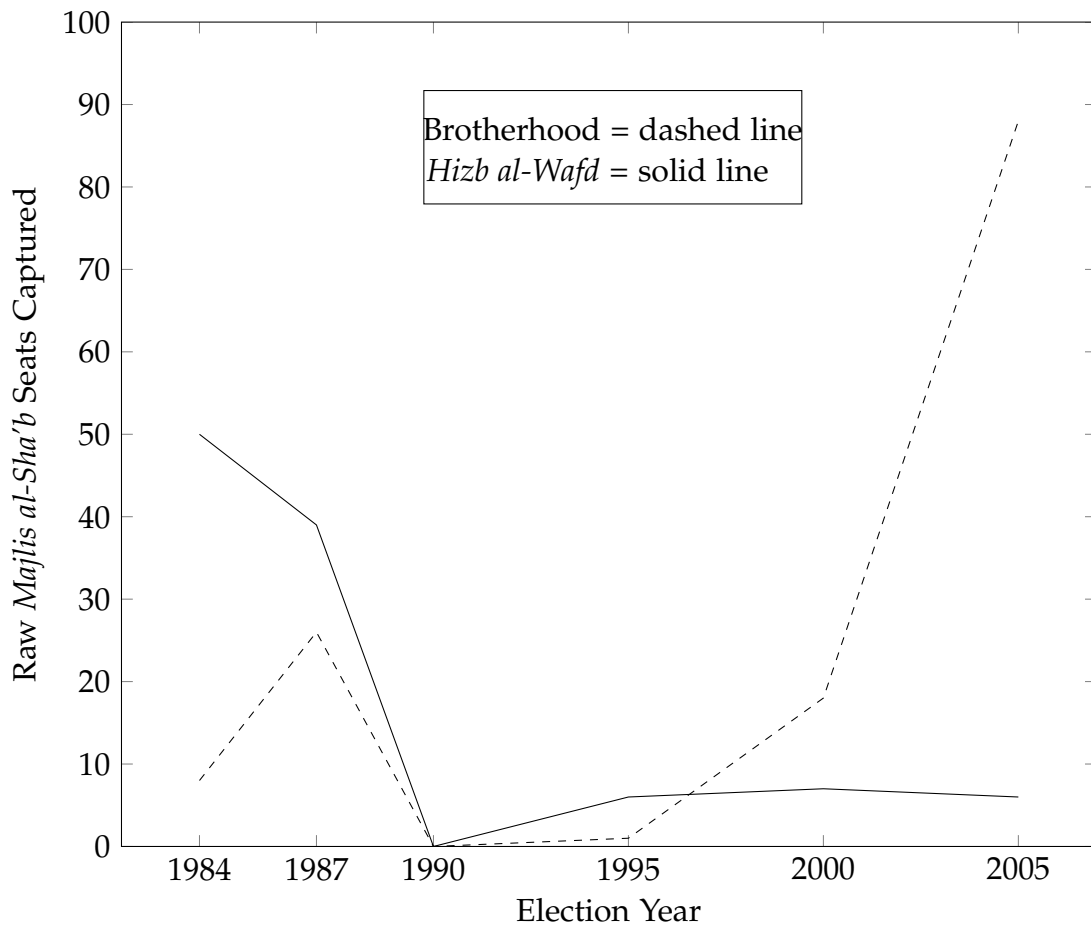
larly crippling affliction that besets opposition parties. Because they cannot compete against the dominant party's resource advantage, the opposition must lean ever more heavily on specialized and single-issue platforms to attract voters. And while this facilitates electoral mobilization in the short term, in the long term the emphasis on strident ideological appeals renders these parties unable to appeal beyond a "niche" of committed activists (2007).

This argument certainly seems to explain what happened to Egypt's non-Islamist opposition parties, who continually fractured and struggled to broaden their electoral coalitions throughout the Mubarak years (Albrecht 2013, Stacher 2004). The Brotherhood, which *began* in the 1970s as a niche party dedicated to implementing Islamic law (the *Sharia*) above all else, would seem a prime candidate to follow this trajectory. But not only did the group escape the trap Greene identified, they reversed it: the Brotherhood steadily grew its electoral coalition so that, during the waning years of the Mubarak era, it sat atop a broad electoral coalition of leftists, revolutionaries, Islamists, labor, and activist youth. Figure 1 illustrates the trend by charting the divergent electoral fates of the Muslim Brotherhood and the *Hizb al-Wafd*, one of Egypt's premier non-Islamist opposition parties, under Hosni Mubarak.⁶

Why was the Muslim Brotherhood so adept at mobilizing supporters in Egypt's authoritarian elections, while their opposition counterparts were so maladroit? As Naguib puts it, how did the Brotherhood "transform itself from a fringe phenomenon in the early 1970s to the largest opposition force in the country by the first decade of the twenty-first century" (2009, 104)? And this is more than just a question about politics under authoritarianism: when Hosni Mubarak fell in

⁶Note that nearly all opposition parties- including the Brotherhood and *Hizb al-Wafd* boycotted the 1990 elections in protest of a change in electoral laws.

Figure 1: Electoral History, Muslim Brotherhood versus *Hizb al-Wafd*



February 2011, Egypt's non-Islamist parties' struggles to mobilize voters continued into the country's brief democratic interlude. The Brotherhood, in contrast, launched from this pre-existing legacy of success to dominate elections and plebiscites throughout 2011, 2012, and 2013. Ultimately, it took a military coup to expel them from power in the summer of 2013.

One interpretation of the Brotherhood's successes during this period is that Egypt simply became more conservative or, in other words, the electorate "Islamized." For instance, Abdo writes of the "triumph of Islam" during the 1990s (2000). Hamid suggests that the Brotherhood's electoral success stems from a fun-

damental compatibility between the group's Islamism and the religiosity of the Egyptian electorate (Hamid 2014). Blaydes tells us that the Brotherhood is "the largest recipient of ideology votes in Egypt" (2011, 101 (fn. 1)).

While ideological explanations for the Brotherhood's political success are intuitive, they tend to be theoretically underdetermined. For instance, if the Brotherhood's success was a product of their proximity to Egypt's theoretical conservative median voter, then why were other parties unable to capture more voters by shifting rightwards (Downs 1957)? Indeed, the aforementioned *Hizb al-Wafd*, built on a platform of cooperation between Egypt's Christians and Muslims, increasingly emphasized its Islamic credentials throughout the 1980s in an attempt to capture more conservative voters. As Hamid notes:

In [the *Hizb al-Wafd*'s] original 1977 program, there was only one passing mention of *Sharia* as the "original" (*aseel*) source of legislation. The 1984 program, in contrast, included an entire section devoted to the application of Islamic law (*tatbiq al-Sharia*), in which the *Wafd* stated that Islam was both "*din wa dawla*" (religion and state) and that the *Sharia* was the principal source of legislation (2014, 86).

Even successive Egyptian governments, led by military men such as Anwar El-Sadat, Hosni Mubarak, and Abdelfattah El-Sisi, have gone to great lengths puff up their Islamic credentials (Masoud 2014a, Skovgaard-Petersen 1997). Among a crowded field of competitors all loudly touting their Islamic identity, why did Islam's supposed "electoral advantage" accrue to the Brotherhood alone (Pepinsky, Liddle and Mujani 2012)?

An ideological component is undeniably part of the story of the Brotherhood's success- it is, after all, an *Islamist* organization. But deciphering the Brotherhood's political triumphs requires appreciating how Egypt's authoritarian electoral geography and the Muslim Brotherhood's proficiency in social service provision

interacted. The next section reviews a batch of new studies about electoral mobilization in Egypt and social service provision in the Middle East and beyond to briefly introduce a theory connecting the Muslim Brotherhood's uniquely proficient delivery of social services to their uncommon success in Egypt's authoritarian elections.

Islamist Parties and Non-Islamist Voters

Masoud's recent study of the Egyptian Muslim Brotherhood offers a rich and theoretically sophisticated explanation for both Islamist success and non-Islamist failure (2014a). Dispatching ideological and material arguments, he finds that Egypt's authoritarian political economy simultaneously locked poor voters into pro-regime clientelist networks while freeing middle-class voters to lob "paper stones" at the regime (Przeworski and Sprague 1986). These middle class voters preferred the Brotherhood as a receptacle for protest votes not because they identified with the organization ideologically, but rather because they found its middle class identity and vaguely pro-business platforms more palatable than leftist parties' calls for economic redistribution.

I build on Masoud's argument about how Egypt's authoritarian political economy helped generate the Muslim Brotherhood's political advantage. Yet I differ on two key points. Masoud tells us that, under Mubarak, middle class voters shied away from non-Brotherhood (leftist) opposition parties because of differences with these parties' redistributionist policy platforms. Yet in Egypt's authoritarian regime control over national policy was never at stake for the opposition. Second, the choice facing the disaffected middle class was not whether to voice support for shrill leftist parties or the moderate Muslim Brotherhood. The exit

option (Hirschman 1970) of simply staying at home was, as scholars have noted, an increasingly common strategy for many Egyptians (Soliman 2006, Wickham 2002). In the pages that follow I demonstrate that the Brotherhood's competency and compassion in social service provision not only explains what middle class Egyptians were voting *against*, but what they were voting *for*.

My focus on how parties distribute social service provision contributes to and extends a vibrant new literature in comparative politics. For instance, in her recent work on ethnic parties in Lebanon, Melani Cammett (2014, 2010) explores how strategies of political mobilization, ethnic cleavages, and intergroup competition incentivize parties to prioritize either in-groups or out-groups in their social welfare provision. Although the absence of an analogous ethnic cleavage in the Egyptian case (as well as institutions that reify such cleavages) makes drawing cross-national inferences difficult, one key divergence concerns the behavior of Islamist groups in each country. Whereas Lebanese Hezbollah has historically prioritized co-ethnics over outsiders, the Egyptian Muslim Brotherhood eschews such discrimination. As the IMA's motto states, the organization exists to "provide medical service for all, regardless of nationality, religion, or social class."

My specific focus on how social service provision generates political success also engages with Tariq Thachil's recent work on the Indian *Bharatiya Janata Party* (BJP) (2014*b*, 2014*a*, 2011). As he shows, outsourcing electoral mobilization to affiliated social service organizations allowed the bourgeois BJP to mobilize poor voters without alienating their base. While there exist a number of interesting parallels between the cases, the Muslim Brotherhood's social service provision generates political support through a fundamentally different pathway than the exchange-based linkage that benefits the BJP. In fact, nearly every visitor to the Brotherhood's medical facilities pays in cash, obviating the *quid-pro-quo* nature of

the clientelistic relationship. Instead of a “material mechanism” (Thachil 2014b, 454), the Brotherhood’s social service provision sends a powerful and politically beneficial signal of the group’s honesty, professionalism, and approachability.

As I show in the following chapters, Egyptians did not walk out of the Brotherhood’s social service facilities convinced of the supremacy of *Sharia* law, the necessity of sacrifice for the Brotherhood’s greater good, or the obligation to repay these material benefits at the ballot box. Against the government’s corruption and incompetence and the opposition’s cheap talk, Egypt’s middle class voters supported the Brotherhood because they believed that the high-quality and compassionate care that they experienced at the Muslim Brotherhood’s social service facilities was a harbinger for how the group would behave in political office.

What’s Ahead

The task throughout the following pages is twofold: to build an empirical record of the history, spatial distribution, electoral impact, and attitudinal effects of the Brotherhood’s social service provision, and then to articulate and support a causal chain connecting social service provision to electoral support, rather than recruitment, charity, or revolutionary activism. With this in mind, I designed the following chapters to explicitly test multiple empirical implications of each competing theory against the historical, spatial, qualitative, and experimental evidence. The goal throughout is to build an empirically supported, theoretically sophisticated account connecting the Muslim Brotherhood’s provision of social services to the group’s uncommon ability to thrive in non-democratic elections.

Chapter one elaborates a theory of social service provision and political mobilization in non-democratic regimes, focusing on now underlying socioeconomic

cleavages and overarching authoritarian electoral institutions interact. As pro-regime clientelist networks proliferated in poor districts, electoral competition blossomed in middle class ones. The Brotherhood capitalized on this dynamic by erecting medical facilities in middle class areas, and in particular in electoral districts where the group put forward candidates. In those locales, social service provision drove electoral support not through clientelism or Islamization, but by convincing voters of Muslim Brotherhood candidates' compassion and professionalism.

Chapter two examines the history of the Brotherhood's social service network- and the Islamic Medical Association in particular- since its re-emergence under Anwar El-Sadat in the 1970s. The chapter relies on a variety of primary documents, interviews with founding members, and articles from Islamist periodicals to show how successive Egyptian rulers encouraged Islamist social service initiatives as part of their efforts to mitigate popular discontent over painful economic reforms. At the same time, a draconian regulatory architecture monitored and subjugated Islamists' activism, ensuring that it never graduated into a challenge against the regime's political primacy. This chapter not only illuminates an unknown chapter of Egyptian history, the story of how the Brotherhood's social service network backstopped Egypt's authoritarian regime challenges arguments about the subversive and revolutionary character of this provision.

Harking back to the examples of 'Elwan and Ma'adi that opened this introduction, chapter three considers the conditions under which the Brotherhood distributes or withholds social services. The theory that these facilities are related to political mobilization is not unchallenged- scholars have suggested a number of alternative rationales behind the Brotherhood's use of these facilities, including charitable provision, recruitment, and a strategy to alienate their recipients

from institutional politics. This chapter empirically tests these theories against new spatial data on the spread of the Brotherhood's medical facilities. Instead of poor areas, locales with dense networks of members, or neighborhoods and villages where the regime was weakest, these facilities exist in middle-class districts in which the Brotherhood put forth a candidate for elected office. Then, by illuminating the non-discriminatory and for-profit model upon which these facilities are based, the remainder of the chapter casts further doubt on theories of both clientelism (which require a quid-pro-quo mechanism) and recruitment (which focus on discrimination in favor of movement participants).

Chapter four tightens the lens to analyze how the Brotherhood's provision of social services shapes local patterns of electoral mobilization. The chapter's first sections use media coverage, campaign biographies, and site visits to elucidate the linkages between these facilities and the Muslim Brotherhood candidates that appeared in their districts. It shows that many of the Brotherhood candidates in districts with Islamic Medical Association facilities were linked to these facilities- as either founder, funder, or employee. The remainder of the chapter uses the Summer 2012 presidential run-off between Mohammed Morsi and Ahmed Shafiq to identify the local effect of social service provision on the outcome of this contest. Spatial analysis of neighborhood-level voting in the Cairo governorate reveals that those ballot boxes proximate to IMA facilities were more likely to support Mohammed Morsi than those ballot boxes distal to IMA facilities.

Neither chapter three's discussion of how the Brotherhood distributes social services nor chapter four's discussion of this targeting's political effects explains how social service provision influences individual beliefs and behaviors. To explicate this linkage, chapter five introduces an original survey of approximately

2400 Egyptians charting their experiences with Islamist social service provision. In addition to capturing valuable empirical evidence about these facilities, an experimental manipulation embedded in the survey shows how individuals map the honest, compassionate, and engaged care they receive in these facilities onto the Brotherhood's candidates for elected office. At the same time, the results do not support arguments that these facilities alienate recipients from electoral politics or inculcate a more politicized understanding of Islam.

Chapter six summarizes the evidence introduced in the preceding chapters and explores the main implications of those findings. Empirical implications across the historical, macro, meso, and micro levels of analysis align in support of the theory connecting the Brotherhood's social service provision to electoral mobilization. In contrast, empirical support for the alternative hypotheses is scattered and contradictory. Then, to drive home the theory's explanatory power, the conclusion applies chapter three's spatial analysis on different sectors of the Brotherhood's social service network, namely schools and community associations, to show that they too conform to the electoral logic advanced above.

The conclusion also explores a number of implications that follow from these findings. The counterintuitive absence of religion from the above story of Islamist social service provision prompts the question "if religion was so unimportant, why was only the Muslim Brotherhood able to reap a reputational effect from these services?" The answer circles back to the dynamic identified in the first chapter: these facilities emerged in middle class areas and adopted a particularly businesslike manner of operation. While many other parties deployed social services in an attempt to win over voters, they did so *clientelistically*, providing services for free in order to gain a recipient's support on election day. Yet this mode of provision also decreased the quality of these services, robbing them of

an ability to communicate the *reputational* effect that proved so powerful for the Muslim Brotherhood.

Chapter 1

Elections and the Parties That Win Them

Understanding why the Brotherhood “never helped” in ‘Elwan and, more broadly, how the group navigated successive authoritarian elections without collapsing into a niche party, requires examining Egypt’s authoritarian political economy. This chapter presents a theory of social service provision and electoral mobilization, focusing on how decades of pro-regime clientelist mobilization in poor areas channeled electoral competition to middle class environs. In these more well-to-do towns and cities, the Muslim Brotherhood maximized their chances for victory by proliferating social services in those districts where they put forward candidates for elected office. In these districts, the Brotherhood’s social services drove electoral mobilization by sending a politically-powerful signal of the Brotherhood’s honesty, professionalism, and modesty.

The next section probes the conceptual difference between this study’s specific focus on the *Muslim Brotherhood’s* social service network versus prior authors’ decision to examine *Islamic* social service networks. Not only does this specify the dependent variable, it also helps delineate the project’s scope. The following sections draw from literatures on clientelism, non-democratic regimes, and reputational voting to explicate the core theory. First, I show how authoritarian political economies tend to depress electoral competition in poor areas while enabling it in middle class ones. This socioeconomic cleavage affected the Muslim

Brotherhood's electoral challenge as well, incentivizing the group to provide social services in electorally competitive middle class districts. The final theoretical section explores how these facilities signal Brotherhood candidates' honesty, professionalism, and approachability, and how this reputational effect drives support on election day.

The concluding section articulates a research design that focuses on testing the empirical implications of the theory (and its alternatives) with different analytical frameworks and multiple types of data. Each chapter draws out the observable effects of each theoretical mechanism, in other words, those processes that could show the theoretical mechanism at work, and evaluates them against the evidence. This approach structures the following empirical chapters, as I move from examining the historical context of the Brotherhood's social services, to their spatial distribution, to their impact on electoral mobilization, and finally to their effect on recipients' attitudes. Not only does this approach help adjudicate among the theory and its alternatives; focusing on how well the theory's implications cohere internally reduces the risk of drawing fallacious inferences.

The Dependent Variable: The Islamic Medical Association

This dissertation seeks to explain the conditions under which the Muslim Brotherhood provides social services and, just as importantly, those conditions under which it does not. As related lines of enquiry, it considers how this provision affects local patterns of political mobilization, as well as the precise effects this provision has on recipients' beliefs and behaviors.

While these questions speak to developments in the Middle East and beyond, Egypt furnishes the empirical materials on which to test the theory. Egypt is

where the Brotherhood began and where the group's social service networks have grown the largest. It is also where the group has its longest history of political engagement, culminating in a brief period of political primacy during Egypt's democratic interlude, from the spring 2011 constitutional referendum to the summer 2013 military coup. Yet both under Mubarak and after him, the group's electoral fortunes shifted over both time and space. This, coupled with the intriguing local variation in social service provision hinted at in the introduction, suggests "scaling down" to a subnational research design (Snyder 2001, Gibson 2005). Not only does this approach maximize the number of cases while preserving variation on both the dependent and independent variables, it holds a number of potentially confounding national-level variables constant (King, Keohane and Verba 1994, Lijphart 1971). This, as much as possible, helps to isolate causal and outcome variables (Slater and Ziblatt 2013, George and Bennett 2005, George 1979).

This project's specific focus on the Muslim Brotherhood, as opposed to a more general conceptualization of "the Islamic movement" or "Islamic activism," distinguishes it from prior studies. Studies of Islamic social activism, broadly conceived, have yielded valuable evidence on mobilization (Wickham 2002), middle class networks (Clark 2004), the interface of charity and neoliberalism (Atia 2013, Tuğal 2013, Harrigan and El-Said 2009), relations with the state (Harmsen 2008, Wiktorowicz 2000) and development (Sullivan and Abed-Kotob 1999, Sullivan 1994). Yet as the introduction highlighted, there exists no investigation of specific *Muslim Brotherhood* social service networks, and how they either support or confound theories of Islamic social activism writ large.

"Social services" include a wide array of goods and services, from discounted food, clothing, school supplies, job training, childrearing and education, medical

and health services, and other similar types of endeavors. For analytical purposes, however, this dissertation considers the activities of one particular social service organization: the Islamic Medical Association (IMA). As chapter two discusses in more detail, the IMA is the oldest and largest organized Muslim Brotherhood social service initiative. In 2011, the Brotherhood referred to the IMA as “the largest medical charity initiative established by the Brotherhood to date” (Shamakh 2011, 86). In 1977 Dr. Ahmed al-Malt, deputy to three leaders of the Muslim Brotherhood, founded the IMA with a group of colleagues. As one measure of the organization’s importance, the Brotherhood’s flagship Arabic-language magazine *al-Da’wa* covered the IMA prominently and consistently until the magazine was shuttered following Egyptian President Anwar El-Sadat’s assassination in 1981.¹ From 1976-1981, the magazine contained 11 articles about or advertisements and announcements from the IMA.² The next most prominent social service initiative that the magazine covered, the Brotherhood’s *al-Nassar* Hospital in the city of Suez, appeared only twice.³ The IMA’s prominence grew steadily throughout the Mubarak years and, by the summer of 2013 the association had an annual operations budget of around 100 million Egyptian Pounds (EGP, roughly \$14 million) and treated nearly two million Egyptians per year.⁴ When Egypt’s military

¹Following Anwar El-Sadat’s assassination *al-Da’wa* moved operations to Geneva (and later Pakistan). It also shifted from a generally Egypt-centric magazine to a bulletin covering the broader Muslim World. I have found no mention of the IMA in these issues.

²I also found an advertisement for the Islamic Medical Association in the Egyptian Islamist magazine *Liwa’ al-Islam*. See issue no. 2 (May 17, 1988), p. 58. IMA founder Ahmed al-Malt also had a regular column in *Liwa’ al-Islam*, and these were later compiled into his 1993 book, *Risalatī Illa al-Shabab* (My Message to the Youth).

³See the inside cover advertisements in *al-Da’wa* issues no. 57 (January 1981) and no. 58 (February 1981). There was also an article discussing the charitable efforts of the Brotherhood-leaning industrialist Uthman Ahmed Uthman (whom Kepel calls the “Egyptian Rockefeller” (2003, 109).) See “‘Ashrat min Dawr al-’Ibada wa al-’Alm Tuqaam li-’Alaa’ Kalamat al-Haq wa al-Deen (Tens of Places of Worship and Learning are Created to Uphold the Word of Truth and Religion),” *al-Da’wa*, No. 12 (May 1977), p. 44.

⁴Author Interview, IMA Executive A, January 15, 2013. See also: Mohammed Taha, “Dirasa: ‘al-Jama’iyya al-Tibiyya’ Tu’alij Nahu 7 Milyon Marid Khilal 4 Sanawat (Study: (Islamic) Medical

regime seized the IMA's properties and other physical assets in January of 2015, their value reportedly totaled nearly 300 million EGP (around \$42 million).⁵

While there exist other organizations that could conceivably be included in the study, I do not include them for two reasons. First, their links to the Brotherhood are often more tenuous. As chapter two shows, the IMA clearly functioned as an appendage of the Muslim Brotherhood- in fact, when I queried Muslim Brothers about where I might start my enquiry into the group's social service networks they almost universally recommended I visit the IMA. Members of the IMA, for their part, were hardly circumspect about their relationship to the Muslim Brotherhood. In the case of other social service organizations the relationship is not so clear, complicating efforts to isolate the precise relationship between the Muslim Brotherhood's political fortunes and their involvement in a particular social service initiative.

Second, potential alternative institutions are regional rather than national. For instance, the *Mowasah* (Compassionate) Association is centered in the Menoufiyya governorate, and among its initiatives are a handful of hospitals (the IMA operates the flagship facility in Shibin al-Kom).⁶ There are also "independent"

Association' Treats Approximately Seven Million Sick over Four Years)," *al-Jam'iyya al-Tibiyya al-Islamiyya*, January 2, 2015. Available online at: <http://www.ima-egy.net/2013-09-24-14-31-06/607-7-4>. Accessed March 15, 2015.

⁵Ibrahim Qasim, Nourhan Hasan, and Mohammed al-'Alim, "Ba'd Qarar al-Tahfiz 'ala Amwal wa Mumtalakat al-Gam'iyya al-Tibiyya al-Islamiyya: 'Hasr Amwal al-Ikhwan: 'Thani Akbar Musdar Tamwil lil-Jama'at bi-Qima 300 Milyon Guinea.. (Follow Up to the Decision to Take Control of the Accounts and Assets of the Islamic Medical Association...Inventorying the Brotherhood's Accounts: The Second-largest Source of Funding for the Group is Valued at 300 Million Pounds...)," *El-Watan*, January 14, 2015. Available online at: <http://goo.gl/DuvdTw>. Accessed May 12, 2015.

⁶On the *Mowasah* Association, see Ahmed al-Sukkari, "al-Sadat Yatarid 'ala Hal Gam'iyyat 'al-Mowasah' (Sadat Disagrees with the Dissolution of the *Mowasah* Association)," *al-Wafd*, December 22, 2010. Available online at: <http://goo.gl/rpkTv9>. Accessed January 10, 2015; Mohammed Essawy, "260 Mowazifan wa Maridan bi-Mistashfa al-Mowasah bil-Menoufiyya Yatathahiroun Ihtijajan 'ala Qarar Hal al-Gam'iyya (260 Employees and Patients of the *Mowasah* Hospital in Menoufiyya Rally to Protest the Decision to Dissolve the (*Mowasah*) Association)," *al-Ahram*, December 21, 2010. Available online at: <http://digital.ahram.org.eg/articles.aspx?Serial=379034&eid=715>. Accessed January 10, 2015.

Brotherhood hospitals scattered throughout Egypt, such as the *Tibah* Hospital in the Delta governorate of Gharbiyya (Abdelrahman 2013). The IMA is national, with roughly three dozen facilities scattered across Egypt's two dozen-odd governorates.

The project also does not consider the deployment of public resources the Brotherhood may have accessed, for instance patronage jobs in government ministries under President Mohammed Morsi⁷ or joint campaigns between the Brotherhood and the Ministry of Health.⁸ The dissertation also does not track the resources of third-party institutions that the Brotherhood may have infiltrated or influenced, such as the sprawling Islamic charity organization *al-Gam'iyya al-Shar'iyya* (Ben Néfissa 2002) or Egyptian syndicates.⁹ Finally, the project does not attempt to account for private resources, for instance a Brotherhood member who happens to also be a doctor opening his personal clinic to district residents a few nights a week.¹⁰

This strict focus on the IMA is necessary in light of the difficulties of researching an organization as guarded as the Brotherhood, in an authoritarian state that

⁷Following Mohammed Morsi's election, for instance, a number of prominent IMA members were appointed to the Ministry of Health. Saad Zaghloul and Ibrahim Mustapha became Assistant Ministers of Health for Curative Care (*al-tib al-alaji*) and Health Insurance, respectively. Another member became the Health Minister's official spokesperson, see: Mustapha al-Marsafawi, Ayat al-Gabal, and Omar Abdel Aziz, "Hukumat Moqattam, fi Wizarat Qandil (The Government of Moqattam (where the Brotherhood's Headquarters was located), in Qandil's Ministry)," *al-Masry al-Youm*, February 15, 2013. Available online at: <http://today.almasryalyoum.com/article2.aspx?ArticleID=371220>. Accessed March 22, 2015.

⁸"al-Jamiyya al-Islamiyya Tunazim Qafela Tibiyya bi-Aswan fi Nihayat November (Islamic Association Organizes a Medical Caravan in Aswan at the End of November)," *al-Mashhad*, September 20, 2011. Available online at: <http://goo.gl/wZouQ3>. Accessed November 3, 2014.

⁹Egyptian syndicates resemble white-collar unions, and often use member subscription fees to provide members and their families with myriad benefits, including health insurance, loans, and other services. Especially in the 1990s Brotherhood members successfully contested elections for seats on the boards of these bodies (Wickham 2002).

¹⁰see Robert F. Worth, "Egypt's Human Bellwether," *The New York Times*, January 19, 2012. Available online at: http://www.nytimes.com/2012/01/22/magazine/mohamed-beltagy-future-of-egypt.html?pagewanted=all&_r=0. Accessed May 18, 2014.

holds as tightly to elementary information as does Egypt. Yet the ambitions of this project are larger, to use the specific case of the IMA to gain explanatory leverage over other aspects of the Brotherhood's vaunted social services portfolio. To test the generalizability of the theory- and mitigate concerns that the IMA only represents a misleading slice of a larger and more complicated reality- the conclusion expands the spatial analysis to approximately 75 Brotherhood-operated schools and nearly 1,000 of the group's community associations. This analysis shows the theory's explanatory power on additional cases, raising confidence that the project's findings are not just an artifact of the IMA or of medical networks specifically.

The following pages articulate a general theory of social service provision and electoral mobilization in non-democratic regimes in three stages. The next section focuses on how these regimes use clientelist networks mobilize their own supporters, and how this tends to foreclose competition in poor locales while encouraging it in wealthier ones. The section immediately following examines the other side of the coin, exploring how the Muslim Brotherhood leveraged their social service networks to exploit this flowering of competition in middle class districts. The final theoretical section specifies the causal mechanism connecting the Brotherhood's social service provision to electoral support, focusing on the powerful signal of competency and compassion that these facilities broadcast to Egyptian voters.

Authoritarian Regimes and their Clients

As the introduction specified, one key difference separating this project from prior efforts is an explicit focus on electoral mobilization as a key causal variable. While

alternative clusters of literature provide important insights into the phenomenon of Islamic provision of social services, they are also notable for the limited role they allow for the politics of campaigns, elections, and voter mobilization. Indeed, the theoretical frameworks with which these scholars structure their respective analyses- be they social movement theory, civil society, or ideological paradigms- are often explicitly counterpoised to regular, institutionalized politics. Whereas electoral politics sits at the margins of these theories, it takes center stage in this dissertation.

Non-democratic regimes are especially able to mobilize voters through clientelism, given their access to resources and ability to “raid the bureaucracy” (Shefter 1994, 21) for other sweeteners such as insider deals on privatization, jobs, entry into certain schools or access to certain programs (Levitsky and Way 2010, Lust 2009, Greene 2007, Magaloni 2006, Chu 1999, Wang 1994). Yet these networks of electoral mobilization do not drape evenly across the socioeconomic terrain. Because the poor place a higher value on simple consumption goods such as sugar, cooking gas, and cash, the marginal cost of purchasing their support is less than their middle class counterparts (Dixit and Londregan 1996). As Calvo and Murillo put it, the poor offer the resource-maximizing political machine the greatest “bang for the buck” (2004).¹¹

Egypt’s authoritarian regime was no different. For decades the ruling National Democratic Party (NDP) stocked the parliament through a combination of coercion and electoral mobilization, the latter based largely on the contingent and episodic exchange of consumption goods (Soliman 2011, Blaydes 2011, King 2009,

¹¹This is not to say that the poor are purely materialist: while their interests or ideological affinities are as varied as their more affluent counterparts, especially in non-democratic settings their immediate material needs ensure that their ability to vote those interests and affinities remain weak (Diaz-Cayeros, Magaloni and Weingast 2006).

Shehata 2008, Ben Néfissa and 'Arafat 2005, Kassem 1999). The country's yawning socioeconomic cleavage powerfully influenced the shape and reach of these pro-regime clientelist networks. As in other cases, the regime's immense advantage in resources meant that any politician or party who sought to oppose the regime's favored candidate would be swimming upstream. The smart strategy for the opposition- Islamist or otherwise- would be to simply avoid competing in Egypt's myriad poor neighborhoods and villages where victory was not an option (Brown 2012). Egypt's middle class districts, in contrast, offered the opposition the chance to make hay amongst those voters who are freer to defect from the ruling party and make "ideological investments" in opposition candidates (Magaloni 2006, 22), (Chandra 2007). As Masoud shows, this gifted the largely middle-class Muslim Brotherhood an advantage over non-Islamist parties whose redistributionist platforms were fundamentally unattractive to the middle class audiences whom they needed to woo (2014a).

Charting the relationship between electoral competition and district wealth empirically supports this argument. I generate a new metric of competitiveness not through *post-hoc* statistics about margin of victory, which the regime itself could easily manipulate, but instead by examining *ex-ante* variation in candidate entry across electoral districts. Prior authors have observed that voters heavily weigh a candidate's orientation vis-à-vis the regime when considering how to apportion their electoral support. For instance, in his study of Egypt Hinnebusch noted "the tendency of many voters, out of hope for advantage or deference to authority, to support candidates known to have government approval and avoid those in disfavor" (1988, 171). Similarly, Lust notes how "voters do not elect candidates whom they perceive as unable to work with the government" (2009, 239).

I assume that all Egyptians share common knowledge about where and when these favored pro-regime candidates exist and, just as importantly, where and when they are absent. Those Egyptians pondering an electoral challenge will make their decision either to abstain or enter electoral contests in a given district based on this knowledge. Candidates, in other words, can foresee where a race is likely to be uncompetitive, and will simply sit out the election rather than expending resources to register, campaign, and mobilize supporters for a lost cause. In contrast, if no clear pro-regime candidate exists, potential candidates will perceive in the district an opportunity. If the above theory is correct, the data should reveal a direct correlation between district wealth and competition (as proxied by number of candidates entering the race): the wealthier the district the more intense the political competition, and vice-versa.

According to Egyptian law, all candidates for parliament must publish their names in a national newspaper prior to the election. I coded pre-election issues of the state Arabic-language dailies to assemble information on the number of candidates who entered races in each electoral district for five lower-house parliamentary elections: 1990,¹² 1995,¹³ 2000,¹⁴ 2005, and 2010.¹⁵ Plotting this metric of competition against a measure of electoral district wealth quintiles, where one is the poorest and five is the wealthiest, renders Figure 1.1.¹⁶ Points are jittered in

¹²The *al-Ahram* Center compiled the candidate numbers in their study of the 1990 elections (al Samea 1991, 39–44).

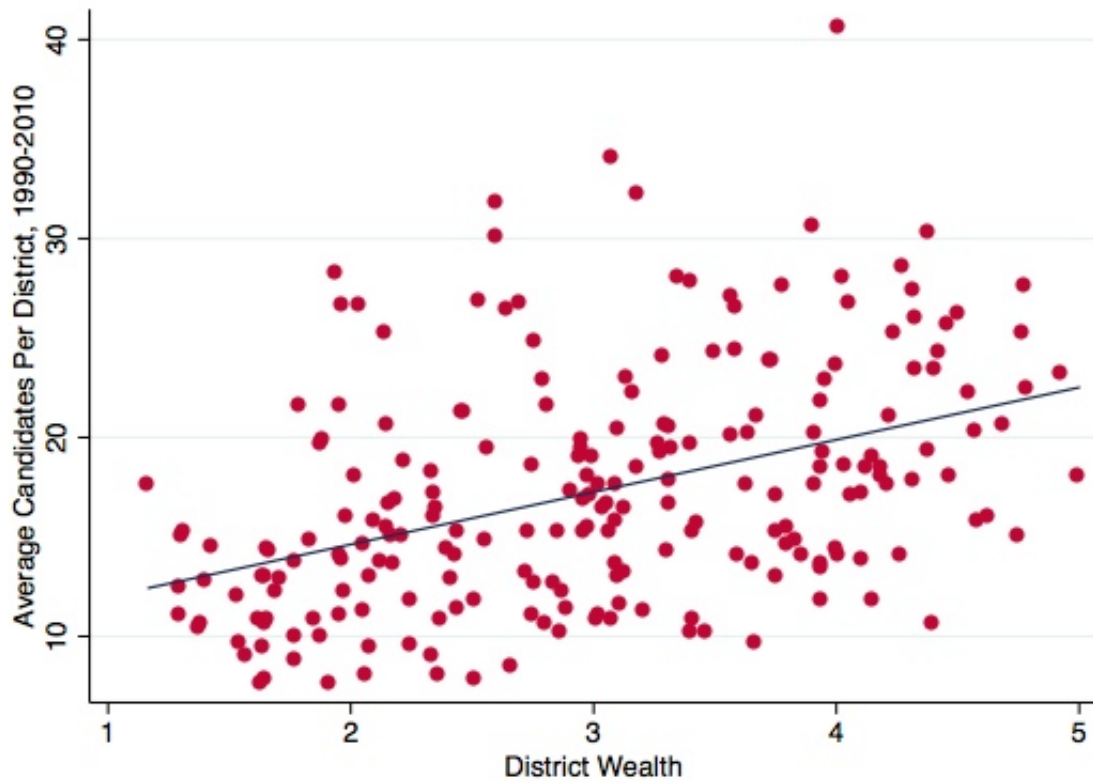
¹³*al-Ahram*, November 27, 1995, pp. 38–44.

¹⁴It is not clear if a full pre-election list was ever published, although a first-round list did appear in *al-Gomhuriyya*, October 11, 2000, pp. 17–19. As a proxy for these elections, I use the number of candidates who registered for these elections *in the first 24 hours after the registration period opened*. See “Ha’ula’ Qademu Awraqhum...Lil-Barliman al-Amal...fi 24 Sa’at (Here are Those Who’ve Submitted their Paperwork...(to Contest) the Parliament Elections...in (the first) 24 hours),” *al-Gomhuriyya*, September 23, 2000, pp. 3–5.

¹⁵I appreciate Tarek Masoud sharing the candidate entry data for the 2005 and 2010 elections with me.

¹⁶The x-axis in Figure 1.1 is based on the DHS-computed wealth index. I discuss this measure more fully in chapter three. I lack the precise geographic boundaries for the two South Sinai

Figure 1.1: Competition vs. Electoral District Wealth, 1990-2010



order to prevent over-plotting.

Figure 1.1 vividly shows the interaction between district wealth and political competition in Mubarak's Egypt (the relationship between the two variables is positive and statistically significant at $p < .000$). Specifically, Egypt's authoritarian regime essentially monopolized political competition by proliferating stout clientelist networks throughout the country's myriad poor neighborhoods and villages. In these conditions, any opposition group seeking electoral traction would be well advised to seek their political fortunes in Egypt's comparatively wealthier

districts, al-Tour and Ras al-Sadr. I extrapolate by cross-referencing the DHS location data with the *Markaz/ Qism* that compose each of the South Sinai districts, as listed in Egypt's electoral law, Law 206 of 1990 (Majls al-Sha'b 1990, 267).

cities and provincial towns. Judging by the results above, they did.

This relationship is a foundational piece of the dissertation's core argument that the spatial distribution of political competition in Mubarak's Egypt shaped the Muslim Brotherhood's social service provision. Particularly notable was the interaction between the country's underlying socioeconomic characteristics and overarching electoral institutions, and how this funneled electoral competition into middle-class areas. The next section focuses on the opposition, specifically considering how the Muslim Brotherhood managed to successfully mobilize voters in Egypt's wealthier environs.

The Puzzle of Islamist Success

The Egyptian Muslim Brotherhood notched a remarkable degree of success in Egypt's authoritarian elections, presaging their political dominance after Mubarak fell. How did the Muslim Brotherhood do so well in Egypt's authoritarian elections, while their opponents did so poorly?

In order to test explanations for Islamist success empirically, I constructed an original dataset of all 578 candidates the Muslim Brotherhood put forward for election to Egypt's lower house of parliament from 1976-2011, including the district in which they competed.¹⁷ Not only is this dataset comprehensive, focusing on where the group *competed* rather than where they *won* furnishes two important benefits. First, it captures the Brotherhood's own logic of where they thought that they would be best able to marshal electoral support (as al-Anani shows, the Brotherhood expended considerable effort studying where to compete in order

¹⁷Appendix A discusses this dataset in more detail. Although the dataset captures all the Brotherhood's candidates for elected office from 1976-2010, a change in electoral district laws in 1990 makes combining the pre and post-1990 systems difficult.

to maximize their success (2007, 251-258).) Second, charting *ex-ante* statistics of candidate entry rather than *ex-post* results controls- as much as possible- for the regime's interference in the electoral process.

An additional problem with quantitative explanations for where the Brotherhood competes and wins is the lack of high quality subnational data on population characteristics. This is particularly pronounced when it comes to measuring the level of religious- and specifically Islamic- conservatism in a given district. I craft a measure of each district's Islamic conservatism by compiling the percentage of Muslim women in the district who believe that female genital mutilation is a religious obligation.¹⁸ While of limited use outside Egypt, there exists no other way to create such a fine-grained Islamic conservatism.¹⁹

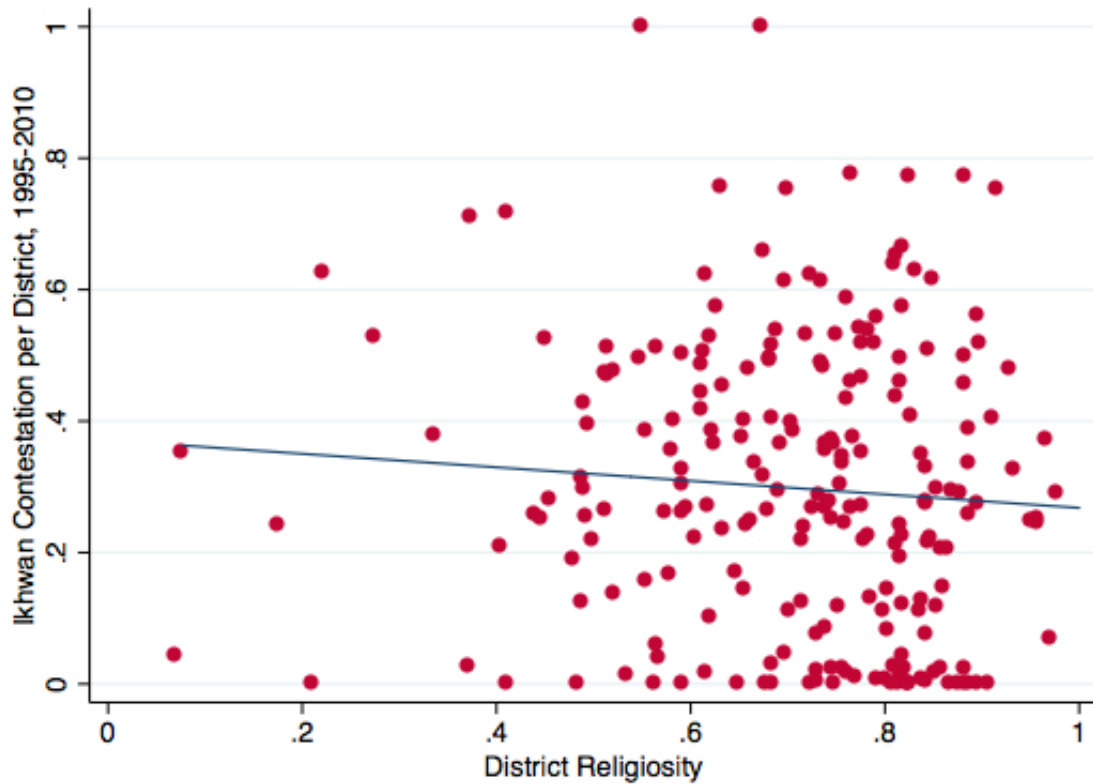
Figure 1.2 plots on the Y axis the percentage of times the Brotherhood fielded a candidate in a given electoral district for the years 1995-2010. For example, if the Brotherhood fielded a candidate in the district in three of the four election years ('95, '00, '05. and '10), it receives a score of .75. On the X axis is the above-described district-by-district measure of Islamic conservatism.

Figure 1.2 should increase skepticism of ideological explanations for the Brotherhood's electoral successes. If the Brotherhood rose to power on the backs of conservative Muslims, then there should appear a correlation between those districts in which the group fielded candidates and those featuring a high degree of religious conservatism. As this shows, however, the relationship is indistinguishable from random statistical noise during the years 1990-2010 ($p < .26$). If anything, the relationship trends *negative*; at least under Mubarak, it seems that the group was

¹⁸I appreciate Tarek Masoud's suggestion to consider this variable, as well as Vickie Langohr's advice for how to interpret it.

¹⁹Most surveys either do not ask about religious belief, or simply do not ask enough respondents, to assemble an alternative measure. Spatial proxies, such as the number of mosques, are not feasible due to limited data outside of major metropolitan areas.

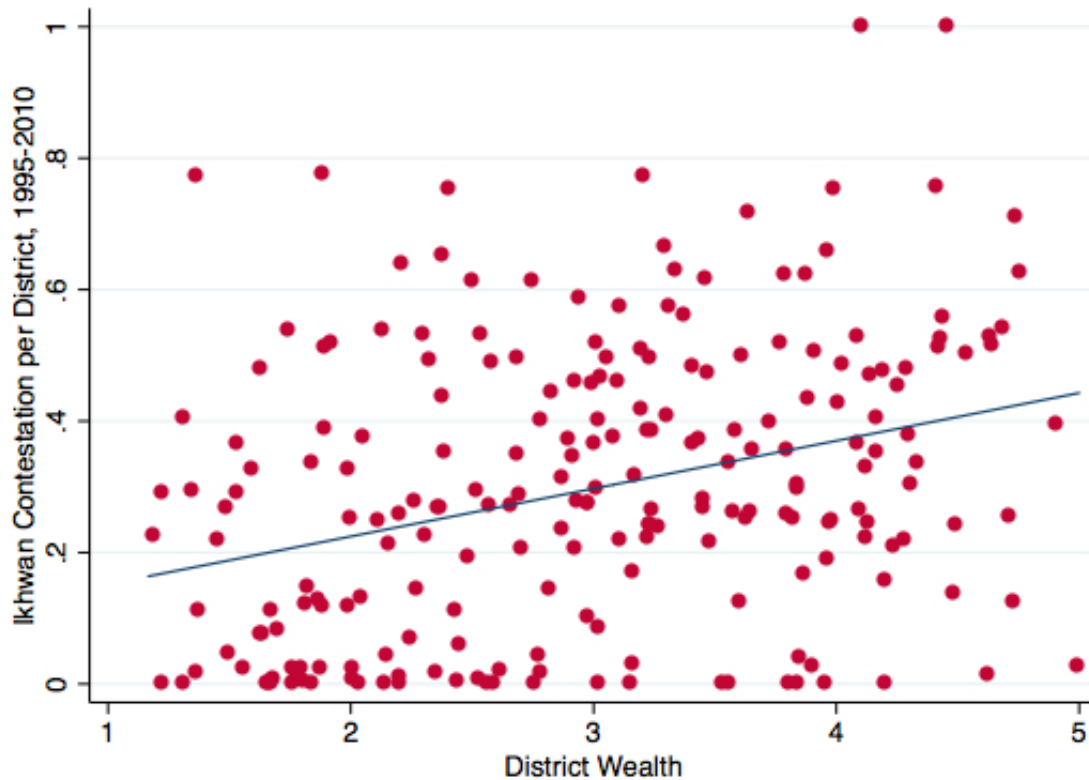
Figure 1.2: Muslim Brotherhood Candidate Entry vs. Electoral District Religiosity, 1995-2010



more politically active in districts with a higher percentage of relatively liberal Muslims.

Figure 1.1 showed how Egypt's authoritarian political economy structured general political competition in the country. Rather than existing as an outlier, the Brotherhood's strategy of electoral contestation fits this pattern. Figure 1.3 recreates Figure 1.1, except that in this iteration, the Y-axis is not a general measure of electoral competition (total candidates in the district), but instead the specific measure of how many times a candidate from the Muslim Brotherhood competed in the district.

Figure 1.3: Muslim Brotherhood Candidate Entry vs. Electoral District Wealth, 1995-2010



The strong positive correlation from Figure 1.1 reappears in Figure 1.3: the relationship between district wealth and where the Brotherhood contested elections is also statistically significant at $p < .000$. In other words, the Brotherhood consistently put forward candidates for elected office in middle class districts where the regime's clientelist networks were least effective. This finding serves as the second foundation piece for the dissertation's core theory and ties the argument advanced here to broader literatures about political competition in non-democratic regimes. As the third chapter shows in detail, the group's deployment of brick-and-mortar medical facilities was embedded in this logic: it was not simply middle class ar-

eas which hosted the Brotherhood's social service networks (Clark 2004), it was those middle class districts in which the group put forward candidates for elected office.

The structure of electoral incentives provides traction to explain the differing fates of the upscale Cairene suburb of Ma'adi and the "poor farming village" of 'Elwan discussed in the introduction. As these scatterplots predict, the electoral district encompassing Ma'adi (and the *al-Farouq* hospital) had, for decades, been the site of intense electoral competition between the Brotherhood and the NDP. 'Elwan's district, in contrast, had never hosted a candidate from the Muslim Brotherhood prior to the Arab Spring.²⁰

The preceding analysis invites the following question: if Egypt's authoritarian political economy was channeling *all* political competition to middle class areas, why was only the *Muslim Brotherhood* able to capitalize on the opportunity, and turn their candidates into parliamentary deputies? The answer lies in the particular linkages that the Muslim Brotherhood's social services forge with Egyptian voters. Instead of clientelist or ideological relationships, the Brotherhood's social services produced a powerful *reputational effect*, in which the honest, capable, and compassionate care at these facilities benefitted Brotherhood candidates at the ballot box.

²⁰As this argument intimates, the pernicious effects of Egypt's authoritarianism stretched beyond political competition and into the social realm. Not only could Egypt's regime use threats of withholding resources to force Egyptians to vote against their preferences (Blaydes 2011, Diaz-Cayeros, Magaloni and Weingast 2006). By establishing political monopolies in the poorer areas, the regime removed the incentives for opposing political entities to extend social services to these areas in an attempt to compete. As if embedding a brutal authoritarian regime was not bad enough, this particular political arrangement funneled resources to those middle class voters who already, by dint of their surplus wealth, faced an easier time of it than their poorer countrymen and women.

Social Service Provision and the Role of Reputation

After the Brotherhood's considerable success in the 2005 parliamentary elections (89 seats)²¹ Ibrahim Eissa, editor of the independent newspaper *al-Dustor*, penned a blistering editorial explaining why Egyptians chose the Muslim Brotherhood over the NDP. The column is worth quoting extensively:

Egyptians vote for the Brotherhood because they did not nominate the corrupt, bank robbers, thieves, or officers of State Security involved in torturing their fellow citizens. They did not nominate kingpins, tycoons, drug dealers, or phonies, those who profited from the sale of Egypt's resources abroad or looted the public sector. They did not nominate sycophants, hypocrites who cheer meaningless laws and normalization with Israel, or collaborators with American economic schemes. People voted for the Brotherhood because their members, despite being arrested, tortured, imprisoned, and killed, and despite being pursued by State Security and having their livelihoods threatened, refuse to abandon their principles (regardless of whether you agree with them or not). If people had the choice of (son of president Hosni Mubarak) Gamal Mubarak or (Muslim Brother) Essam al-Erian, they will choose Essam al-Erian. If they had the choice of (NDP Figure and steel tycoon) Ahmed 'Ezz or (Muslim Brother) Abdelmoneim Abu El-Fotouh they will choose Abu El-Fotouh. If they had the choice of (longest serving NDP deputy) Kamal el-Shazly and (Muslim Brother) Mohammed Habib, they will choose Mohammed Habib!²²

Eissa's column vividly captures the frustration with the NDP's corruption, double-dealing, and incompetence. But his focus on the particular contrasts that Egypt's Islamists drew against their NDP opponents taps into a phenomenon that is clearly much wider. For instance, in his recent study on the Brotherhood,

²¹While most accounts list 88 deputies, the *al-Ahram* Center's official parliamentary directory for the 2005-2010 session identifies 89 deputies affiliated to the Muslim Brotherhood (Rabie and 'Azbawi 2006).

²²Ibrahim Eissa, "Limatha Yukhtar al-Muwatin al-Masri Murash al-Ikhwan? Wa Limatha Yuntusir al-Masriyun lil-Ikhwan al-Muslimin fi Hathahi al-Intikhabat?" (Why Does the Egyptian Citizen Vote for the Brotherhood Candidate? And why Do Egyptians Contribute to the Triumph of the Muslim Brotherhood in these Elections?), *al-Dustor*, November 26, 2005.

Masoud notes how the organization's "reputation for probity with more affluent voters" factored into the group's electoral ascent (2014a, 11). According to Brown, Islamists are able "to convey a spirit of probity and piety" that distinguishes them amongst a crowded field of competitors (2012, 177). In Moroccan elections, the Islamist Justice and Development Party (PJD) "stressed their advanced degrees, competence, and professionalism" (McFaul and Wittes 2008, 26). In the Palestinian Territories, Hamas has garnered a "reputation for probity and efficiency" (Legrain 2012, 191). Hezbollah emphasizes their candidates' "honesty and seriousness in their municipal work" (Hamzeh 2000, 744). "In many cases," summarized *The Economist*, "the [Muslim Brotherhood] have profited electorally less from ideology than from impressions of relative honesty and competence."²³

While these observations help illustrate a potential pathway through which the Brotherhood was able to amass electoral success, they leave one question conspicuously unanswered: why was the Brotherhood so good at convincing voters of their honesty and competence? Especially when the existing governments performed so poorly, all opposition parties- not just Islamists- would seem to convey these traits simply by contrast. Yet only the Brotherhood was able to leverage their reputational advantage into political success.

While considering this question, in the spring of 2013 I travelled to Banha, in Qaloubiyya governorate north of Cairo. I went there to interview Mohsen Radi, one of the Brotherhood's veteran parliamentary deputies (he had ran in the 1995, 2005, 2010, and 2012 *majlis al-sha'b* elections, winning in 2005 and 2012) and author of an important book on the Brotherhood's history and activities in parliament (1990). To see him in his district office I had to wade through a crush

²³"It's Hard Being in Charge," *The Economist*, March 9, 2013. Available online at: <http://goo.gl/UKpFi7>. Accessed July 12, 2015. See also "The Power of Religion," *The Economist*, July 13, 2013. Available online at: <http://goo.gl/MVEV8V>. Accessed July 12, 2015.

of constituents asking for favors or seeking material aid. Eventually we escaped to a waiting car only to spend the rest of the afternoon driving around the area as Radi tirelessly solved his constituents' problems.

Radi was quick to note that his reputation was the key to his political success in Banha: "people know me, they know my reputation for honesty and my strong relationships with the people who live here, and they know I am professional." He had only been elected, he said, after he had spent time volunteering in the district, building up his profile and reputation, and helping solve people's problems. In fact, one of the ways Radi was known in the community was through his position as founder and chairman of the Brotherhood's *al-Fath* school, which enrolled over 2000 children. Close by Radi's office was one of the IMA's hospitals, and the Brotherhood also operated an orphanage elsewhere in Banha.²⁴

Radi's "homestyle" highlighted the quotidian reasons why an Egyptian might vote for a candidate from the Muslim Brotherhood (Fenno 1978). There was doubtlessly an ideological core of Radi's supporters who would back him simply because he championed their interpretation of Islam. He was, after all, a member of the Muslim Brotherhood. But what stood out was Radi's ability to attract those *beyond* what Robert Michels referred to as the "ideal world" of party cadre (1915/1966, 219).

The way that Radi combined social service provision, personal reputation, and electoral success aligns with broader findings about how candidates' rectitude and competency drives support at the ballot box. Researchers in American politics have increasingly focused on how voters form impressions of candidates and, correspondingly, the power of those perceptions to drive vote choice (Fridkin and Kenney 2011, McGraw 2003, Bartels 2002, Funk 1996, Huddy and Terkildsen

²⁴Author Interview, May 9, 2013.

1993). Specifically, Fiske notes that “honesty and competence” are the twin axes that “account almost entirely for how people characterize others” (2007, 77). Traits such as “competence or honesty,” McGraw tells us, “are inferred from observable qualities of the politician” (2003, 399).

The Brotherhood’s unique proficiency, capability, and compassion in social service provision demonstrates precisely these traits. This, in turn, generates for the Muslim Brotherhood a powerful political boost. The corruption, disinterested staff, and poor sanitation that have made Egypt’s public facilities “synonymous with mediocrity” (Soliman 2011, xiv) are almost completely absent from the Brotherhood’s facilities. The Brotherhood’s hospitals and clinics offer reasonable prices, predictable availability of doctors and staff, and they are clean and well stocked with necessary supplies and equipment. Doctors are competent and motivated, and the nurses and administrative staff share a general dedication to their patients that is absent in public facilities. Managers and employees are chosen and promoted based on their competence, and a series of internal organizational standards are constantly enforced across all facilities. While all parties may trumpet values of competence, honesty, and good government, only Islamists possess the types of social service networks able to demonstrate to voters what this means in practice. Put differently, Islamist candidates are able to credibly convey an image of honesty, competence, and modesty in the *political realm* because they manifest these very characteristics in the *social realm*.

It is worth expanding on how the reputational linkage between Islamists and voters differs from traditional studies of the contingent, episodic exchange of clientelism (Hicken 2011). Most obviously, the Brotherhood’s facilities overwhelmingly serve paying customers, precluding the *quid-pro-quo* mechanism at the heart of clientelism. Two additional factors are also worth specifying. First, clientelist

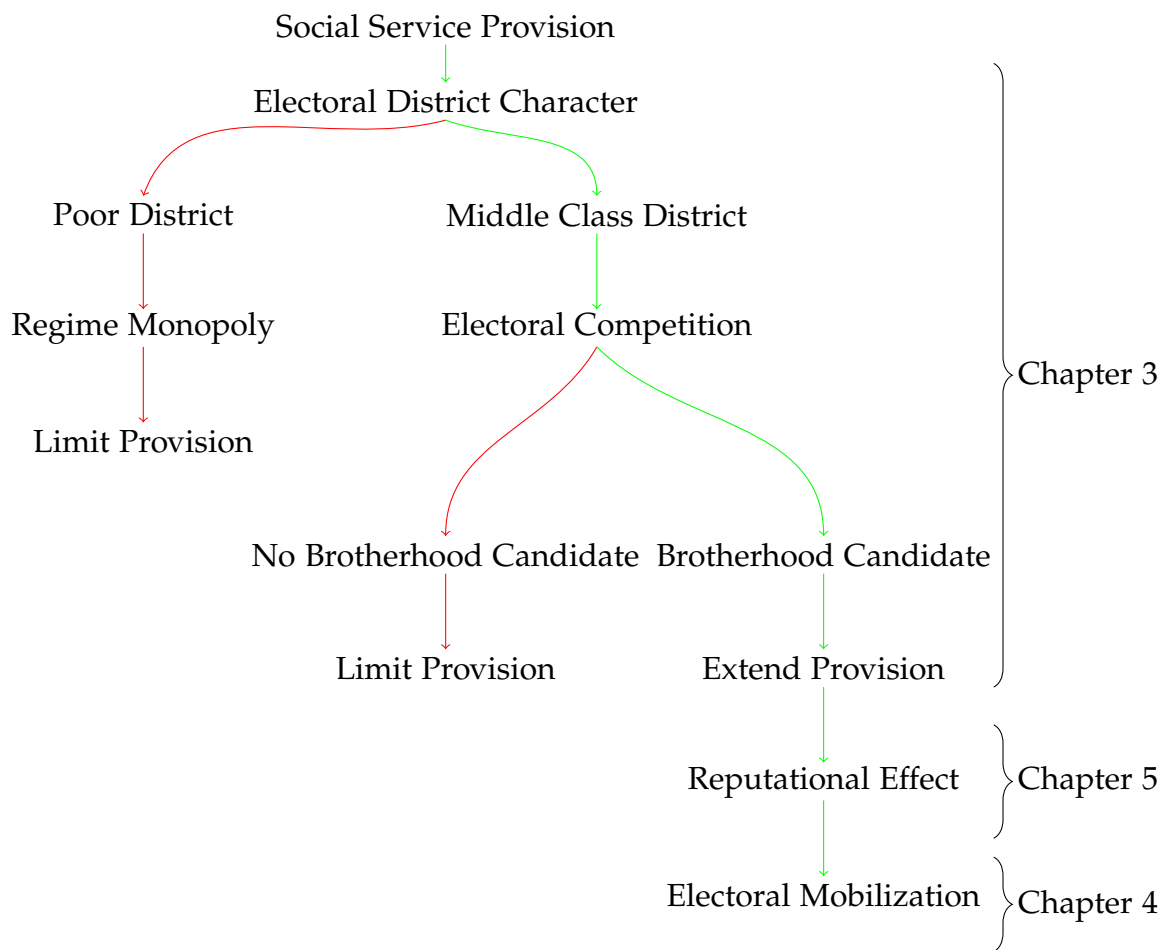
benefits are generally understood to be contingent on political support. If that support ends, so will the delivery of benefits. In contrast, the Brotherhood's provision of "brick-and-mortar" medical facilities is much less revocable: while a vote broker may simply never return to a neighborhood if its residents defected in a prior election, it is much more difficult to disassemble a structure. In fact, the irrevocability of the Brotherhood's structures are a key part of the group's reputational advantage- physically anchoring these facilities in communities is a costly signal to the citizens in that area that their commitment extends beyond election day (Cammatt 2014). By distancing- at least conceptually- their social service provision from an explicit requirement for political support, the Brotherhood is able to increase the power of its reputational linkage (Thachil 2011).

Counterpoising the subtle reputational effect against the explicit exchange of clientelism helps to illuminate the second key aspect of the Brotherhood's reputational advantage. Standard clientelism studies share the assumption that, absent the provision of goods, voters will not support the provider (they will either defect to their preferences in the privacy of the voting booth or simply stay home). Because clientelism requires individuals to act *against* their preferences, political machines must also develop some mechanism to monitor recipients' behavior to ensure they do not renege on their election day obligations (Stokes 2005). Yet the reputational mechanism at the core of this theory shifts recipients' underlying preferences to the point that there is no conflict in the voting booth. By influencing how Egyptians perceive the Brotherhood, the group's use of social services works to bring voters' preferences and behaviors into alignment.

The above sections show how Egypt's authoritarian political economy incentivized opposition groups to compete for political support among Egypt's middle classes and forsake campaigning among the poor. Rather than an outlier, the

Brotherhood was highly susceptible to these incentives. In those middle class areas, the Brotherhood generated powerful linkages with Egyptian voters based neither on ideological affinities nor exchange-based clientelism. Instead, the Brotherhood's social service networks demonstrated their candidates' honesty, competence, and approachability, and this generated the group's advantage on election day. Figure 1.4 depicts the theory as it develops across the dissertation's chapters, showing how social service provision fueled the Brotherhood rise to Egypt's most powerful political opposition under Hosni Mubarak.

Figure 1.4: Causal Argument, Macro to Micro



Research Design

Chapter three more fully discusses a number of alternative hypotheses for the Brotherhood's social service provision. These clusters conceptualize the provision not as a mechanism for electoral mobilization but as a strategy to provide for Egypt's most needy, to recruit or retain members, to Islamize the population, or to alienate citizens from government institutions and foment revolution.

To adjudicate amongst these theories, the following pages spend considerable energy drawing out the empirical implications of each and testing them against a variety of historical, spatial, qualitative, and experimental evidence. In other words, the research strategy at the core of this project rests on attempting to identify those relationships and processes that would appear *assuming that a particular theory's explanation were true*, and then assessing those predictions against the empirical evidence (Brady and Collier 2010, Platt 1964). This effectively expands the surface area of each theory *and* leverages more empirical material with which to test it, a valuable consequence particularly when information is limited or of questionable quality.

Each theory purporting to explain Islamist social service provision implies particular characteristics that should appear in the historical development of these facilities. For example, if these facilities are part of a strategy to create a "parallel state" in competition with Egypt's authoritarian regime, then we are likely to uncover evidence that these facilities attempt to evade legal regulations and operate subversively. Similarly, the theories each predict a particular spatial distribution of the Brotherhood's social service network. For example, if these facilities are vehicles of Islamic charity, then they should broadly cluster in poor areas of the country and avoid wealthier areas. These theories further anticipate a series of

local-level effects on patterns of mobilization. So if the Brotherhood's social service provision truly serves to mobilize voters, then ballot boxes in the immediate vicinity of the facility should turn out for Brotherhood candidates at higher levels than at boxes further away. Finally, the theories all predict how individual-level attitudes and behaviors should change in response to interaction with these facilities. Thus if these facilities serve to propagate the Muslim Brotherhood's vision of Islam to prospective supporters, then individuals who patronize these facilities should report higher levels of support for the Brotherhood's interpretation of Islam than those who do not visit. Systematically drawing out these implications and tracking how they cohere or diverge through each level of analysis increases confidence the theory linking social service provision and electoral mobilization.

Considering multiple levels of analysis with different research methodologies also reduces the risks of drawing improper inferences. For example, a spatial analysis alone would run the risk of an ecological fallacy by inferring local-level traits (who visits the facilities) from aggregate characteristics (where the facilities are located). Limiting the investigation to aggregate evidence might show that the Brotherhood's networks are located in middle class areas, but would leave open the possibility that it is poor Egyptians traveling from elsewhere who predominantly visit these facilities. Or these institutions may cluster in districts with a high proportion of members of the Muslim Brotherhood, but members who visit may not receive any special treatment at the facilities themselves. At the other end of the spectrum, survey evidence may yield support for an individual-level effect of social service provision on voting behavior. Yet absent information on the spatial distribution of these facilities it becomes difficult to isolate the tangible effect of this provision on patterns on electoral mobilization. Highlighting the extent to which the evidence supports each theory's historical, macro, meso, and

micro-level empirical implications ameliorates concerns about improper inference (Lieberman 2005, Kiser and Hechter 1998).

The pages that follow expand on and ground these arguments in historical, spatial, qualitative, and experimental evidence. The argument unfolds in four stages, beginning by charting the historical development of these facilities and, in particular, the way that they developed with the acquiescence, and even active support, of the successive authoritarian regimes of Anwar El-Sadat and Hosni Mubarak. The next stage supports the contention that the existence of Brotherhood's social services correlates strongly with middle class electoral districts in which the group competes. The third stage singles out the effects of these services, the measurable implications that follow from the overall argument connecting social service provision to electoral mobilization. The final stage turns to the voters themselves, and shows that the Brotherhood's provision of social services generates electoral support by conveying an image of the Brotherhood's candidates for elected office as honest, capable, and approachable.

Chapter 2

Subcontracting Social Welfare

Why would an authoritarian regime bent on holding power allow its opponents to pursue strategies that forge cross-cutting coalitions? In the *Politics* Aristotle writes that “a tyranny is never overthrown until some men trust each other.”¹ Why was the Egyptian Muslim Brotherhood allowed to use social service provision to connect with new constituencies- a development that usually augurs the end of non-democratic regimes (Gandhi and Reuter 2008, Van de Walle 2006)?

Anwar el-Sadat and Hosni Mubarak found in the Muslim Brotherhood’s gradualist, regulated, and institutionalized activism a crucial counterweight against the revolutionary protest able to truly threaten the regime. In particular, as both leaders embarked on economic reforms designed to dramatically shrink the country’s social safety net, they found that encouraging non-state social service providers- including the Brotherhood- could help catch those who fell through the cracks. By pursuing a policy of “privatization by NGO” (Harvey 2006, 51-52) el-Sadat, and Mubarak after him, hoped to mitigate the most immediate and dangerous sociopolitical consequences of economic liberalization, exemplified in the January 1977 Bread Riots. At the same time, an oppressive legal and bureaucratic apparatus ensured that these non-state providers could not challenge the stability or fundamental legitimacy of the regime.

¹Aristotle, *Politics*, 1314a.12 (Book 5, Chapter 11).

This broader political and economic context is vital to understand the emergence and growth of the Muslim Brotherhood's social service network. The remainder of this chapter compiles a variety of contemporaneous primary and secondary sources, including a series of articles from the Muslim Brotherhood's flagship Arabic-language periodical *al-Da'wa*, to reveal the history of the Islamic Medical Association. From its 1977 founding the IMA sought to operate legally and openly, even if this meant submitting to the regime's onerous bureaucratic strictures: they followed regime laws, registered with relevant ministries, and submitted to constant inspections. And for their willingness to play by the rules of the game the IMA reaped rewards from the regime. These were both financial and symbolic, for instance when the Egyptian military gifted the Brotherhood the land for its first hospital, or when Anwar el-Sadat himself laid the foundation stone for that facility.

By encouraging and supporting non-state providers to backstop destabilizing economic reforms, the regime blunted the knives of its most immediate opponents. Yet in the long term the strategy sharpened the challenge of groups like the Brotherhood because it allowed them to use their institutional presence to make larger and larger demands of the regime (Brownlee 2010). The chapter closes by examining how the Brotherhood's increasing political success in the 2000s- and the role of the group's network of social services in this success- forced the regime to reconsider and ultimately vitiate the tacit agreement that allowed the Brotherhood's social services to function unmolested. This confrontation crested during the 2010 parliamentary elections, when the regime forced a majority of the IMA's facilities to close for months in an attempt to strip the Brotherhood of their political support.

Beyond illuminating a largely unknown aspect of Egyptian political history,

examining how the Brotherhood's social service networks intertwined with the regime has important theoretical ramifications for this project. Specifically, the fact that the Brotherhood not only registered their social service activism with the regime, but that the two were active collaborators, revises arguments of a "parallel Islamic sector" (Wickham 2002) or a grassroots response to a weak or sporadically present state (Davis and Robinson 2009). In the below pages the Egyptian state is anything but weak or absent: it actively encouraged and even funded the growth of these organizations, set the boundaries of their activism, and effectively integrated them into official networks of public goods provision. Rather than a symbol of debility, the Egyptian regime's ability to monitor, control, and benefit from the Brotherhood's provision of social services speaks to the resilience and power of the authoritarian state.

Subcontracting Social Welfare

One of Gamal Abdel Nasser's most noteworthy domestic achievements to extend to Egyptians a social safety net that included a substantial public health component (Nasser 1954, 208), (Gallagher 1990). Yet during the second half of the 1960s internal and external burdens combined to frustrate his strategy of aggressive state-led development. Domestically, the industrialization policy had exhausted its "easy" stage, and further growth required a potentially dangerous shift in the social and political coalition on which the regime rested (Ayubi 1996, 336). Externally, Israel's dramatic victory in the 1967 war required Nasser to devote the state's limited resources to the task of rebuilding Egypt's decimated military. By the time of Nasser's death in 1970 Egypt was in dire financial straits.

Growing debt, lagging domestic productivity, and a debilitating military stale-

mate forced his successor Anwar el-Sadat to cope with an economy that had “fallen below zero” (El-Sadat 1981, 214-215). To navigate out of the crisis Sadat proposed to fight on two fronts. First, he hoped his limited military campaign in 1973 would force Israel to the negotiating table, thus allowing him to carve away the military expenditures that were monopolizing Egypt’s budget (Brownlee 2012, 20-23). Then, in the 1974 *October Paper* and in the accompanying Law 43 of 1974 Sadat outlined his long-term plan to revitalize Egypt’s moribund economy by reducing currency controls and establishing the tax incentives he hoped would spur Arab and Western investment. He also proposed reductions in social spending, pointing to a “growing awareness of the need to call to account the public sector, public utilities, and public services” (1974, 32).

Sadat’s new policy of *infitah* (opening) marked a potentially dangerous reshuffling of the country’s economic winners and losers. The gains of Egypt’s new trajectory would mainly accumulate to a rising bourgeoisie comprised of businessmen and state elites (El-Naggar 2009, Ayubi 1991*b*, Hinnebusch 1988, Waterbury 1985). Meanwhile, subsidy cuts, rising inflation, and the reduction of state services would hammer the poor and stress the middle class.

In the health sector, Sadat’s plan anticipated that emerging private providers would perceive in the middle class market an opportunity. In effect, the new private sector would help wean middle class Egyptians off of the generous social benefits to which the Nasser years had accustomed them, but which Sadat was no longer able to maintain (Tadros 2006, 247).² As Hinnebusch summarizes:

Public hospitals fell into abysmal squalor; standards of sanitization

²Of course, given Egypt’s rapid population growth and urbanization imposed serious structural constraints on government action and almost guaranteed that *access* would decline no matter the government policy. Yet Waterbury also notes how the Egyptian government essentially resigned themselves to dramatically worsening *quality* in these facilities (1983, 218-223).

were appalling, quality nursing almost absent, and equipment old and deteriorating...unable to reform or upgrade the public medical service, the strategy of the Sadat regime was to neglect it and encourage the development of a quality private sector (1988, 272).

Whatever the plan, the practical effect of the reforms was to create a private sector of “investment” or “international” hospitals that increasingly catered to the wealthiest Egyptians while leaving everyone else to brave the country’s struggling public system (Chiffoleau 1990). For the middle class this was an especially painful reckoning. Instead of selecting upwards into mid-market private options, the *infitalh* squeezed them downward into public facilities already swollen with the ranks of the poor (Bayat 2006, 139). As Egyptian economist Galal Amin notes, in the wake of the *infitalh* “the Egyptian middle class suffered a series of blows that slowed its growth rate sharply, lowered its standard of living, and made it even less distinguishable from the lower class” (2011, 96-97). For longtime Brotherhood leader Abdul Moneim Abu el-Fotouh, himself a young doctor at the time, the choice was particularly galling. “The poor people would have to go to the governmental service, and it was humiliating,” he conceded. “But what about a judge...or a new doctor like me? If someone like us would have to go to the government service, we would be humiliated. But we can’t afford the private hospitals.”³

For Sadat, the risk that an increasingly put-upon citizenry would revolt was not abstract. Following maladroitness subsidy cuts in early 1977, Egypt’s citizens had erupted into nationwide rioting in protest of a government dedicated to “austerity and cuts in consumption for those at the bottom and growing consumption and enrichment for those at the top” (Hinnebusch 1988, 71). Chanting “no liberalization without food!” Egyptians overwhelmed the police in cities around the

³Author Interview, January 23, 2013.

country.⁴ After a tense few days the military regained control of Egypt's streets and squares.

The event was a powerful rebuke to Sadat. He had initially hoped that concurrent *political* liberalization would compensate Egyptians for their *economic* hardships (Brumberg 1992). In the aforementioned 1974 *October Paper* he had proposed this democratic bargain by also authorizing parliamentary elections under the umbrella of three official political platforms: left, right, and center (El-Sadat 1974).⁵ Yet the strategy had backfired; instead of dampening popular mobilization, the political liberalization had sparked it (Beattie 2000, 222). Although in the *October Paper* of 1974 Sadat confidently proclaimed that “we do not fear difference of opinion, nor are we perturbed by free debate and expression” (1974, 39), in a speech following the 1977 riots he indicted democracy for having “fangs one hundred times sharper than the extraordinary measures of dictatorship.”⁶

In the aftermath of the riots, Sadat reoriented his strategy by transforming Egypt into a “franchise state” (Wood 1997). By strategically allowing the state's monopoly over public goods provision to decay while encouraging non-state providers to flow into the gaps, Sadat- and Mubarak after him- were able to push through cutting reform packages yet mitigate the risk that the economic losers' discontent would graduate into open revolt. In a speech to social service providers in 1978, for instance, Sadat framed their work in the broader context of his economic reforms: “social work must carry out certain national duties,” he told the audience, “primarily the extension of services to assist production and guide consumption” (1978, 362).

⁴*Middle East Economic Digest*, Vol. 21, No. 3 (January 21, 1977), p. 18.

⁵It was in these elections- which occurred in the Fall of 1976- that the Muslim Brotherhood put forward its first post-Nasser candidates. Appendix A provides a fuller description of the Brotherhood's participation in these elections.

⁶Cited in Brownlee (2012, 25).

Part of this plan was not only allowing the emergence of non-state social service providers, but directly subsidizing them. One early initiative was to release two sprawling Islamic organizations with extensive social service networks, *al-Gam'iyya al-Shar'iyya* and *Ansar al-Sunna al-Mohammediya*, from their Nasser-era purgatory (Yunus 2006, Ben Néfissa 2002, Dawoud 1992, Istiphan 1956).⁷ According to Ben Néfissa, *al-Gam'iyya al-Shar'iyya* would from this time on become a “parapublic” organization because of its close relationship with the regime (2002, 155). *Ansar al-Sunna* would also become integrated into Egypt’s public services provision: Badawi, for instance, found local social workers drawing salaries from both *Ansar al-Sunna* and the Egyptian government (1999, 113-114).

In another case Sadat and the Coptic Patriarch Pope Shenouda jointly laid the foundation stone for the St. Mark’s Charity Hospital in Cairo a few months after the January 1977 riots (El-Sadat 1977). Sadat had also financially supported the endeavor to the tune of approximately 50,000 EGP (around \$125,000 in contemporaneous U.S. dollars).⁸ Accompanying him in the ceremony was then-Vice President Hosni Mubarak as well as the Prime Minister, Mamdouh Salem.⁹

In order to capture in broad strokes the decline in state provision and simultaneous rise in non-state provision, Figures 2.1 and 2.2 report national-level per capita statistics on public health infrastructure and non-state health providers. From the relevant volumes of the official Egyptian annual statistical abstract (*al-Kitab al-Ihsa'i al-Sanawi*), Figure 2.1 charts year-to-year statistics on the number of beds in government hospitals per thousand Egyptians from its peak shortly before

⁷In an attempt to tamp down Islamic dissent, Nasser had forcibly merged the two organizations and placed an army officer at their head (al Tahir 2006, 148).

⁸“Sadat Faces Mounting Religious Tension,” *Arab Report and Record*, Vol. 19/20 (1-31 October 1977), p. 827; *Middle East Economic Digest*, Vol. 21, No. 39 (Sept. 30, 1977), p. 19.

⁹“Misr al-'Areeqa Lan Takoun Abadan Ard al-Farqa wa al-Inqisam (Honorable Egypt Will Never be a Land of Factionalism and Division),” *al-Ahram*, October 12, 1977.

the 1967 war to its 2006 low (because of the population correction, the year of each measure reflects the year of the national census).¹⁰ Figure 2.2 charts the growth of non-state community associations broadly focusing on healthcare-oriented social service provision drawn from the same statistical abstracts.¹¹

Figure 2.1: Decreasing Government Health Providers

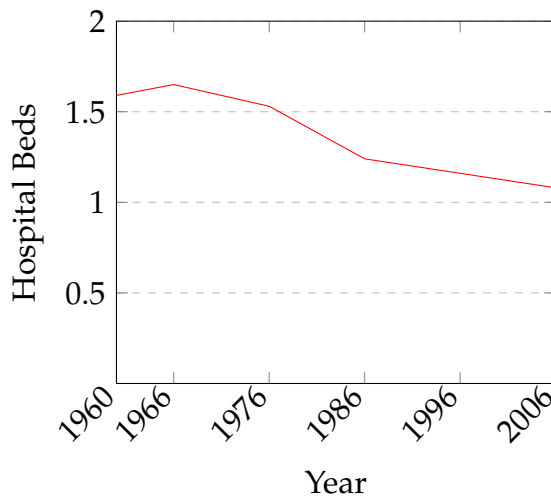
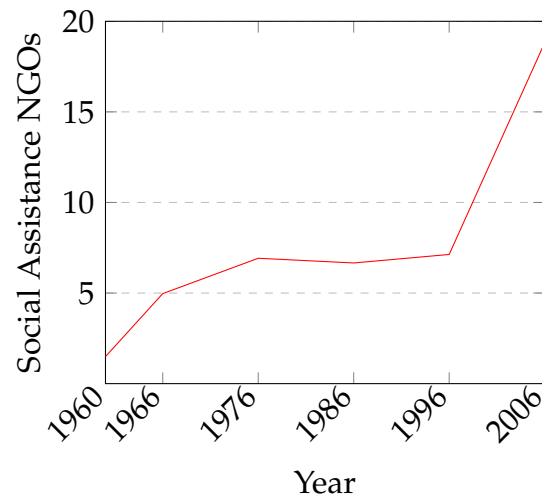


Figure 2.2: Increasing Non-State Health Providers



Sadat hoped to navigate between the Scylla of popular protest and the Charybdis of economic default by encouraging the growth of non-state, non-profit providers. This effort was broad based, encompassing Christian initiatives like the St. Mark's Coptic Hospital as well as Islamic organizations like *al-Gam'iyya al-Shar'iyya* and *Ansar al-Sunna al-Mohammediya*. The next section uses a variety of original primary and secondary sources to trace how the Islamic Medical Association, founded

¹⁰There is of course the possibility that these statistics- which originate with the Ministry of Health- deliberately *understate* the decline in access. Furthermore the *quantitative* decline in access cannot capture the *qualitative* decline in the patient experience (Richards and Waterbury 2009, 107).

¹¹I figured the number of societies registering primarily as providing either "social assistance" (*Musa'ida Ijtima'iyya*), "household welfare" (*Ra'aiyat Usra*) or "childhood and maternity care" (*Tifoula wa Umuma*), divided by 100,000 Egyptians. Societies can register as providing either one type of care, or more than one type. Data on organizations providing multiple types of care is more spotty, although the broad outlines mirror the trend in Figure 2.2.

by a group of Muslim Brothers in the months after the 1977 Bread Riots, fit into this strategy. In contrast to arguments that conceptualize the Brotherhood's social service provision as a strategy to escape state monitoring and foment subversion, the empirical record not only shows how the IMA minutely complied with Egypt's stringent civil society laws, but also how Egypt's rulers financially and symbolically supported the growth of the IMA.

From Word to Action

Early in his term Anwar el-Sadat turned to religion as a bulwark against Nasserist remnants and an assertive leftist student movement. Rhetorically, he styled himself as "the believing president" (*al-ra'is al-mu'min*) presiding over an Egypt of "science and faith" (*al-'ilm wal-iman*) (Al-Arian 2014, 86). More concretely, he began to release many Muslim Brothers from their Nasser-era prison sentences and allowed them to resume their activities, including publishing their monthly magazine *al-Da'wa* (The Call) (Al-Arian 2014, Baker 1990, Eissa 1977).

Among those veteran Muslim Brothers whom Sadat released was Dr. Ahmed al-Malt (1917-1995).¹² Trained as a surgeon, al-Malt had overseen the Brotherhood's medical efforts in the front lines of the 1948 Palestine War. He had also been a member of the Brotherhood's clandestine "special section" (*al-Nizam al-Khass*) where his duties involved physical examination of potential recruits, including the steadiness of their nerves and strength. Al-Malt was arrested in 1948/1949 for fomenting revolt against the British and was briefly jailed. In 1954 he was arrested again as part of Gamal Abdel Nasser's crackdown on the Broth-

¹²Al-Malt died in May 1995, in the midst of a pilgrimage to Mecca. His obituary appeared in multiple Arab newspapers, including *al-Ahram* (May 15, 1995, p. 22).

erhood and sent to prison for nearly twenty years.¹³

As they re-entered Egyptian society not only did the Brotherhood have to recover their shattered organization, they had to figure out how to reconnect with a society saturated by decades of Nasser's anti-Brotherhood propaganda (Abu el Fotouh 2012, 24-25), (Habib 2012, 67-68). For al-Malt, this task crystallized after listening to a Friday sermon from Islamist scholar Mohammed al-Ghazali in the mid 1970s. Afterwards, al-Malt approached al-Ghazali and asked him how he could maintain the zeal for Islam he had heard in the sermon once he left the mosque. Al-Ghazali replied "our power as preachers is through the spoken word. As for those of you who work in the practical fields of medicine, engineering, education, and the professions...you turn the word into action, the idea into the project, and the dream into reality."¹⁴ For al-Malt medicine was a natural field on which to focus: "without a doubt the field of medical practice is among the most favorable fields in which a Muslim can serve his faith," he observed. "The difference between serving Islam in this field and serving in another field is huge."¹⁵ Shortly after the discussion with al-Ghazali, al-Malt and three fellow Muslim Brothers formed a "medical committee" to explore organized work in

¹³This short biography is based on a number of sources, including "al-Doctor Ahmed al-Malt," *Ikhwanwiki*, N.D. Available online at: <http://goo.gl/D0y8w>. Accessed January 26, 2014; Abduh Mustapha Dessouki, "Dr. Ahmed al-Malt: Khidmat al-Deen wa al-Mujtama (Dr. Ahmed al-Malt: Serving Religion and Society)," *Ikhwanonline*, May 8, 2008. Available online at: <http://goo.gl/RCDLn8>. Accessed January 27, 2014; Mohi al-Deen al-Zeit, "Rajal Min al-Khalideen bil-Amalu (An Immortal Man through His Work)," *Ikhwanwiki*, N.D. Available online at: <http://goo.gl/SNDmUv>. Accessed January 27, 2014; Reda Abdel Wodood, "Safahat Khalida min Hayat al-Tabeeb al-Mujahed Doctor Ahmed al-Malt, (Immortal Pages from the Life of the Mujahid Doctor, Dr. Ahmed al-Malt)," *al-Hikma*, No. 18 (July 2012), pp. 24-29. It also includes information from Mohammed Habib's memoirs (2012, 437-442).

¹⁴Abdel Moneim Abu el-Fotouh briefly discusses the episode in his memoirs (2012, 36). A more comprehensive account is available in: Mohi al-Deen al-Zeit, "Rajal Min al-Khalideen bil-Amalu (An Immortal Man through His Work)," *Ikhwanwiki*, N.D. Available online at: <http://goo.gl/SNDmUv>. Accessed January 27, 2014.

¹⁵"Awwal Jam'iyya Tibiyya Islamiyya Takkawun fi Misr: La Buda min Iyjad al-Tabib al-Muslim al-Mutamayiz bi-Shakhsiyyatu (The First Islamic Medical Association Established in Egypt: The Exceptional Muslim Doctor Must Improve His Character)," *al-Da'wa*, No. 20 (January 1978), p. 60.

the sector. This nucleus would later grow into the Islamic Medical Association (al Malt 1993, 175-176).¹⁶

While nominally independent, the medical committee (and later the IMA) was organically tied to the Muslim Brotherhood. In the words of one of its earliest members and longtime chairman, the IMA is “an institution accountable to the Muslim Brotherhood.”¹⁷ The linkage between the organizations stretches back to al-Malt himself, one of the least known but most important figures in the Brotherhood’s post-Nasser history. Following his 1973 release al-Malt helped to rebuild the Brotherhood, serving as a type of liaison to Egypt’s student Islamic movement (Al-Arian 2014). In his autobiography, Abdul Moneim Abu el-Fotouh, a student activist who would eventually become one of the Brotherhood’s most prominent figures as well as the president of the Islamic Medical Association, cites al-Malt as one of the Brothers who introduced him to the movement (Abu el Fotouh 2012, 78). Al-Malt again kept the Brotherhood functioning after Sadat’s 1981 assassination. As one Muslim Brother recalls, al-Malt was “the most prominent of those carrying the burden” of revitalizing the Brotherhood following the “Autumn of Fury” arrests (Meligi 2009, 249).

Administratively, al-Malt wielded considerable power as the second in command (deputy General Guide) to three post-Nasser leaders of the Muslim Brotherhood: Umar Telmessani, Hamid Abu Nasr, and Mustapha Mashour.¹⁸ In the

¹⁶There is confusion over the precise date the IMA was actually established. I use 1977 because that is when the organization received official recognition. Curiously, however, al-Malt claims that the organization was founded on October 15, 1979 (1993, 175-176). And al-Malt’s biography on the Muslim Brotherhood’s official *Ikhwanwiki* says that he established the IMA in the “early 1980s” (al-Doctor Ahmed al-Malt, *Ikhwanwiki*, N.D. Available online at: <http://goo.gl/D0y8w>. Accessed March 10, 2015).

¹⁷Author interview, Abdul Moneim Abu el-Fotouh, January 23, 2013.

¹⁸Reda Abdel Wodood, “Safahat Khalida min Hayat al-Tabeeb al-Mujahed Doctor Ahmed al-Malt, (Immortal Pages from the Life of the Mujahid Doctor, Dr. Ahmed al-Malt),” *al-Hikma*, No. 18 (July 2012), p. 29.

Brotherhood's internal bureaucracy, al-Malt was also responsible for the group's "Egypt Office" (Meligi 2009, 249). This, according to former Muslim Brotherhood deputy General Guide Mohammed Habib, effectively gave al-Malt day-to-day control over all Muslim Brotherhood activity in Egypt (2012, 439).

Many founding members of the IMA were also leading lights of the Muslim Brotherhood (Masoud 2014a, 77). These included Mahmoud Ezzat (who in 2013 would become General Guide of the Muslim Brotherhood) as well as Ma'moun Ashour, Osama Raslan, AbdelFattah Ismail, Ibrahim Auf, Najib Abdel Fattah, Sana Abu Zeid, and Ahmed Ezzat.¹⁹ Dr. Lotfi Shawan, like al-Malt a veteran of the Brotherhood's participation in the 1948 Palestine War, became the IMA's first vice-president, while his brother, Ali Shawan, was the IMA's first secretary.²⁰ Both Lotfi and Ali Shawan merited statements from the Brotherhood's General Guide, Mohammed Mahdi Akef, when they died in September 2007 and November 2009, respectively.²¹ Indeed, Ali Shahwan's funeral in 2009 was a veritable who's who of the Brotherhood's leadership, and was led by the General Guide Muhammed Mahdi 'Akef himself.²²

¹⁹Mohi al-Deen al-Zeit, "Rajal Min al-Khalideen bil-Amalu (An Immortal Man through His Work)," *Ikhwanwiki*, N.D. Available online at: <http://goo.gl/SNDmUv>. Accessed January 27, 2014.

²⁰"al-Jam'iyya al-Tibiyya al-Islamiyya (The Islamic Medical Association)," *al-Da'wa*, No. 22 (March 1978), p. 63.

²¹See "al-Murshid al-'Aam Yana'i al-Doctor Lutfi Shahwan (The General Guide Mourns the Passing of Doctor Lutfi Shahwan)," *Ikhwanwiki*, September 8, 2007. Available online at: <http://goo.gl/ajq3Gu>. Accessed June 1, 2015; Rafat al-Kanisi, "al-Murshid al-'Aam Yana'i Ila al-'Aalim al-Tabeeb al-Fidh Ali Shahwan (The General Guide Mourns to the World the Passing of the One-of-a-kind Doctor Ali Shahwan)," *Ikhwanwiki*, November 18, 2009. Available online at: <http://goo.gl/KjLMUN>. Accessed June 1, 2015.

²²See Mohammed Yousuf, "al-Murshid Yataqadam Janazirat al-Doctor Ali Shahwan (The General Guide Leads the Funeral of Doctor Ali Shahwan)," *Ikhwanonline*, November 9, 2009. Available online at: <http://goo.gl/5NvkfR>. Accessed June 1, 2015.

To Draw Closer to God Through Medical Work

Al-Malt and his comrades visualized the Islamic Medical Association filling both spiritual and practical voids in modern Egypt's health system. On the spiritual side, they emphasized the importance of coupling technical skills and education with Islamic values. Yet rather than an attempt to repudiate Western medical practices, the IMA's approach was instead an attempt to garb these practices in Islamic raiments (Morsy 1988). For instance, in a 1978 article explaining the mission of the IMA, al-Malt offered an example of the campaign against Bilharzia (schistosomiasis) as a way the IMA could blend western and Islamic approaches to combating disease. As he summarized, prior campaigns against Bilharzia- a parasite that spreads in unsanitary conditions- had failed to change Egyptians' behavior because:

[T]hey did not situate [the campaign] in the correct context, by referencing Islam. For if you say to the farmer, Islam commands you not to urinate in the water, which we understand from the Prophet Muhammed's saying (*hadith*) to "fear the three cursed things: urine in water, urine under shelter, and urine in the canals," the farmer will respond immediately, because he is guided by nothing other than Islam. But unfortunately we have left out Islam and added in technical details, and so [the efforts] have promptly failed. Of course, this is the natural outcome. But in the name of Islam, the religion of purity, we ask of the farmers to avoid urinating in the water, or going down into the water without wearing shoes as protection, and therefore the Bilharzia worm will of its own accord die out within just two months.²³

The emphasis on Islamic values also surfaced in the specific audiences al-Malt and his colleagues sought to serve. As al-Malt explained, the emergence of private hospitals had encouraged Egyptian doctors to see their knowledge as a financial

²³"Awwal Jam'iyya Tibiyya Islamiyya Takkawun fi Misr: La Buda min Iyjad al-Tabib al-Muslim al-Mutamayiz bi-Shakhsiyyatu (The First Islamic Medical Association Established in Egypt: The Exceptional Muslim Doctor Must Improve His Character)," *al-Da'wa*, No. 20 (January 1978), p. 61.

commodity to be sold rather than a gift with which to alleviate human suffering. As the above sections noted, Egypt's economic reforms had hit the country's middle class particularly hard, forcing them to choose between sacrificing their dignity at overburdened and underfunded public facilities or "selling the clothes off [their] own back" to enter a private facility (al Malt 1993, 177). As al-Malt and his colleagues conceived it, the IMA would split the difference by offering those caught between a hollowed out public system and an out of reach private one "reliable care without exploiting the patient."²⁴ Al-Malt went on to explain:

We [the IMA] can say to the people 'we are able to preserve the dignity (literally "to preserve the water on their face") of those who cannot bear standing in line at a public hospital only to receive substandard care, or who cannot go to a private hospital because they lack the ability to pay...At the IMA we have Muslim doctors who work for Allah's pleasure, with solid qualifications, who respect the rights of the patient and are sensitive to that patient's ability to pay' (1993, 178).

Abdel Moneim Abu el-Fotouh recalled a similar justification for the organization's creation:

[A]t that time (1970s) we saw two paths for medical care in Egypt- the governmental, weak, fraying system, and the investment (private) system, which was for the rich...So the reason behind founding [the IMA] was to offer medical service, moderately priced and decent...So when the middle class comes for an operation, they can afford it and they'll have a clean place to stay. [The IMA] is not as good as a private hospital, but it is also not humiliating like a public one.²⁵

Notably, nowhere is there discussion of the IMA as a charity project- al-Malt and el-Fotouh explicitly conceive of the organization as catering to middle-class,

²⁴"Awwal Jam'iyya Tibiyya Islamiyya Takkawun fi Misr: La Buda min Iyjad al-Tabib al-Muslim al-Mutamayiz bi-Shakhsiyyatu (The First Islamic Medical Association Established in Egypt: The Exceptional Muslim Doctor Must Improve His Character)," *al-Da'wa*, No. 20 (January 1978), p. 61.

²⁵Author interview, January 23, 2013.

paying customers. Below, I trace the reverberations of this decision, showing how the IMA's middle-class character is crucial to the Brotherhood's ability to leverage their social service provision for political gains. As chapter one explained, one reason the Brotherhood was able to reap such electoral success under Mubarak is because it was able to successfully compete in middle class districts- those where the regime was weakest. Yet the IMA's focus on paying middle class customers also influenced the *character* of these facilities. In effect, operating as a business- rather than a charity or political machine doling out benefits without financial recompense- allowed the IMA to leverage the *quality* of this provision rather than its mere existence.

The Short Leash

By encouraging the growth of non-state providers, Anwar el-Sadat was running the risk that they would leverage their social and civic activism to challenge his legitimacy and political primacy. Indeed, many scholars posit that the Muslim Brotherhood's social services are directed precisely towards this end. Abdelrahman, for instance, claims that the Brotherhood aims to provide "a comprehensive model of Islam that provided Muslims with all the services they need (including health and education) in an Islamic framework outside the control and influence of the State" (2004, 112). For Davis and Robinson the Brotherhood used social services to "bypass the state" (2012). Other authors frame the Brotherhood's activism as an attempt to create a "state within a state" (Esposito 2003, 71) or an "alternative" to the existing system (Ayubi 1991a, 150). If it is indeed true that the Brotherhood attempts to operate their social and charitable initiatives "outside the control and influence of the state" then evidence should exist that the group

sought to keep Islamic Medical Association on informal footing, grudgingly accommodate the regime, or otherwise attempt to shelter their endeavor from the regime's legal and bureaucratic predations.

In Egypt, the Ministry of Social Solidarity has primary responsibility for the regulation of non-governmental organizations under the authority of Law 32 of 1964 (Law 84 of 2002 replaced, but essentially replicated, law 32 of 1964).²⁶ This law gave the regime tremendously powerful mechanisms with which to control this sector. For instance, the regime could: arbitrarily dissolve an organization (Article 12); force it to provide advance notice of both upcoming general assembly and board of directors meetings and, within fifteen days provide written minutes of these meetings to the regime (Articles 39, 44, and 54); disband the board of directors and place regime figures in their place (48); call a board of directors meeting, decide which members would attend, and set the agenda of that meeting (Article 53); veto both specific candidates in internal elections and annul elections (Article 55); and review on-demand audited financial statements and receive notification of each financial transaction within seven days (Article 80).²⁷

Authors unanimously criticize the stifling effect of Law 32 of 1964. Abdelrahman calls it "a landmark piece of corporatist legislation" (2004, 129). When it passed into law, Berger noted that "the government had uniform and virtually complete control over all [associations]" (1970, 96). For Saad Eddin Ibrahim, it "clearly puts Egypt's Private Voluntary Organizations (PVOs) under tight governmental control and domination- administratively, substantively, and financially" (1998, 8). Sullivan tells us that the government has "direct oversight, and in many

²⁶The text of the law itself is available in *al-Jareeda al-Rasmiyya*, No. 37 (February 12, 1964), pp. 255-265. All citations of clauses refer to this version. See also "al-Qanun Riqm 84 Li-Sina 2002 (Law No. 84 for 2002)," *al-Jareeda al-Rasmiyya*, No. 22 (June 5, 2002), pp. 22-48.

²⁷Ibrahim (1998), Sullivan (1994, 17-25), Clark (2004, 52-56), and Atia (2013, 44-47) all provide excellent summaries of Law 32.

cases control, over these nongovernmental organizations” (1994, 1-2). As Zubaida concluded, in Egypt “civil society in the form of voluntary associations is essentially dependent on the ‘law-state’” (1992, 4).

As Wiktorowicz shows in his examination of Jordan, these civil society laws render the activities of the sector visible to the regime, and thus facilitate the regime’s ability to monitor and control it (2000). Early in his term el-Sadat attempted to use Law 32 of 1964 to do just this. According to the Brotherhood’s General Guide ‘Umar al-Telmessani, Sadat offered the Brotherhood a chance at full legalization and operation (the Brotherhood was still technically illegal, a product of its Nasser-era persecution). The only catch was that the Brotherhood-as a whole- register with the Ministry of Social Solidarity under Law 32. Telmessani balked. As al-Arian summarizes the episode,

As a trained attorney, [Telmessani] understood the legal ramifications of Sadat’s proposal. ‘I opposed it,’ he explained, ‘because under the law of social associations [Law 32 of 1964], the Ministry of Social Affairs has the right to dissolve any association at any time, as well as to appoint its officials and subject it to managerial and budgetary scrutiny’ (2014, 173).

The above discussion of Law 34 of 1964’s invasive and arbitrary powers would seem to reinforce authors’ arguments that the Brotherhood would do everything it could to keep the Islamic Medical Association outside of the regime’s clutches. Yet the empirical record supports the opposite conclusion. Instead of operating subversively in those interstices beyond regime control, from its founding the IMA operated legally and completely above ground, content to submit to the regime’s mechanisms of legal and bureaucratic control in order to maximize their ability to operate.

The Legal Foundation

Recall that al-Malt and his colleagues first coalesced in an ad-hoc “Medical Committee.” There seems little reason why they could not remain informal in order to escape Law 32’s strictures (indeed, by one estimate, as many as seven unregistered associations existed for each registered one (Clark 2004, 53-54)). Instead, al-Malt grounded the Medical Committee on a “legal foundation” (*al-qaeda al-qanuniyya*) by registering it under Law 32 of 1964 as a charitable society (al Malt 1993, 175). This required submitting extensive documentation on the IMA leadership, aims, goals, sources of funding, and membership. The first mention of the IMA in *al-Da’wa*, four months after the 1977 Bread Riots, was a summary of this paperwork, listing nine goals of the organization as well as describing the funding they hoped to receive, including membership fees, donations, and support from popular and government bodies.²⁸

In October 1977 this process came to fruition as the Ministry of Social Solidarity accepted the IMA’s registration, and the IMA was written into the official Egyptian government gazette, *al-Waqa’i al-Masriyya*.²⁹ Further displaying their commitment to legal and above-ground operation, the Brotherhood proudly reprinted their registration documents in the December 1977 issue of *al-Da’wa*.³⁰ Figure 2.3 presents and translates the IMA’s registration notification in *al-Waqa’i al-Masriyya*, while Figures 2.4 and 2.5 do the same for the *al-Da’wa* notice.

²⁸“Takween al-Jam’iyya al-Tibiyya al-Islamiyya (The Formation of the Islamic Medical Association),” *al-Da’wa*, No. 12 (May 1977), pp. 37.

²⁹See issue no. 245 (October 25, 1977), p. 12.

³⁰*al-Da’wa*, December 1977, p. 76.

Figure 2.3: IMA registration, *al-Waqa'i al-Masriyya*, October 1977

<p>ملخص القيد</p> <p>(١) ميدان النشاط : خدمات ثقافية وعلمية ودينية .</p> <p>(٢) تشكيل مجلس الإدارة : من ٧ أعضاء تنتخبهم الجمعية العمومية من بين أعضائها .</p> <p>(٣) السنة المالية للجمعية : تبدأ من أول يناير وتنتهى في آخر ديسمبر من كل عام .</p> <p>(٤) حل الجمعية وأبلولة الأموال : طبقا لنص المادة الخامسة من القانون رقم ٣٢ لسنة ١٩٦٤</p> <p>(٥) العنوان : ٣٢ شارع الفلكي شقة ٢٧ - القاهرة .</p> <p>(٦) الاشتراك السنوي : ٢٤ جنيها .</p> <p>(٧) نطاق عملها الجغرافي : محافظة القاهرة .</p>	<p>مديرية الشؤون الاجتماعية بغرب القاهرة</p> <p>قرار شهر رقم ٢٣٨٦ لسنة ١٩٧٧</p> <p>مدير عام مديرية الشؤون الاجتماعية بغرب القاهرة</p> <p>طبقا لأحكام القانون رقم ٣٢ لسنة ١٩٦٤ ولائحته التنفيذية ؛</p> <p>قرر :</p> <p>شهر لائحة النظام الأساسي للجمعية الطبية الإسلامية تحت رقم ٢٣٨٦ اعتبارا من تاريخ ١٩٧٧/١٠/١٢</p> <p>تحريرا في ١٩٧٧/١٠/٩</p> <p>المدير العام (امضاء)</p>
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Registration Summary	Directorate of Social Solidarity West Cairo
1. Field of Activity: Cultural, Scientific, and Religious Services.	Decision Proclamation No. 2386 for 1977
2. Composition of the Board of Directors: 7 Members, Elected by a General Assembly of All Members.	Director General of the Directorate of Social Solidarity in West Cairo, in accordance with the judgements of
3. Fiscal Year for the Association: Runs from January 1 to December 31 each year.	Law 32 of 1964 and the memorandum of coordination;
4. Dissolution of the Association and Disbursement of Funds: In Accordance with Article 5 of Law 32 of 1964.	Decision:
5. Address: 32 El-Falaki St, Apt. 27-Cairo.	Publishing the Basic Regulations of The Islamic Medical Association, under No. 2386, realized October 12, 1977.
6. Yearly Subscription Fee: 24 EGP.	Edited October 9, 1977
7. Geographic Spread of Activities: Cairo Governorate.	Director General Signed

Figure 2.4: IMA Registration Announcement, *al-Da'wa*, May 1977

تم بحمد الله
تسجيل
الجمعية الطبية الإسلامية
بوزارة الشؤون الاجتماعية
تحت رقم ٢٣٨٦

والجمعية تهيب بالمسلمين في مشارق الأرض ومغاربها
أن يجودوا ببعض ما لهم في المساهمة في بناء المستشفى
الخيرى المزمع بناؤه كطوة أولى لنشاط الجمعية.
(هَآأَنَّمْ هُوَآءِ تَدْعَوْنَ لِنَفْقُوآ فِي سَبِيلِ اللَّهِ)

محاضرة القاهرة
مدرسة غرب القاهرة للشؤون الاجتماعية
إدارة النشاط العلمى

تسرار
رقم ٤٤ بتاريخ ١٤ / ١٠ / ١٩٧٧

مدير عام مدرسة الشؤون الاجتماعية بغرب القاهرة
بعد الاطلاع على أحكام القانون رقم ٢٢ لسنة ١٩٦٤ ولائحته التنفيذية
وعلى مذكرة إدارة النشاط العلمى بالندوة بدو

أ. محمد سليم الإسلامى

طبقاً لأحكام القانون رقم ٢٢ لسنة ١٩٦٤

تسرد

أولاً : تشييد مسجد جامع / إسلامى
- تحت رقم (٢٣٨٦) بتاريخ ١٤ / ١٠ / ١٩٧٧
ثانياً : على إدارة النشاط العلمى
تحريراً فى ١٣ / ١٠ / ١٩٧٧

هذا القرار
بالتصديق
م. محمد سليم الإسلامى

الجمعية الطبية الإسلامية : ٣٢ شارع الفلكى ت ٢٣٨١٤ القاهرة

Figure 2.5: Translated IMA Registration Announcement, *al-Da'wa*, May 1977

<p>Completed, with thanks to God The Registration of The Islamic Medical Association with the Ministry of Social Solidarity under number 20386</p> <p>The IMA calls upon Muslims in the East and the West to devote a portion of their wealth to help construct the planned Charity Hospital, (which will be) built as a first step (sic) in the IMA's activities. (Behold, ye are those invited to spend (of your substance) in the Way of Allah) (A portion of Quran 47:38 (Yusuf Ali Trans.))</p> <hr/> <p>Cairo Governorate Social Solidarity Directorate of Western Cairo Administration of NGO Activities</p> <p>Decision No. 44, October 12, 1977</p> <p>The Director General of the Western Cairo Office for the Ministry of Social Solidarity, in accordance with Law 32 of 1964 and appropriate regulations, and the memorandum of administration for NGO activities, (approves): "The Islamic Medical Association (handwritten)" subject to the provisions of Law 32 of 1964.</p> <p>Decision</p> <p>First: To authorize the Islamic Medical Association in accordance with Law 32 of 1964, under registration no. 2386, of October 12, 1977.</p> <p>Second: To administrate this NGO's activities in accordance with this decision.</p> <p>Director General Fatima (?) al-Deen (signed)</p>

To justify the decision to register, al-Malt emphasized that the IMA had nothing to hide- it was a non-profit, apolitical organization designed to serve Egyptians of all stripes. The work, he continued, "speaks for itself" (al Malt 1993, 175). There were no hidden agendas, al-Malt explained in an interview towards the end of his life, and accusations that the Brotherhood was using its services to

“undermine the state” (*taqweed al-dawla*) were baseless (1998, 134-135).

Other Brotherhood sources concur that IMA was a fully above-ground and legal organization. There was inside the Brotherhood at this time a debate over how to effect social transformation, with some prioritizing long-term and above-ground social engagement while others advocating more clandestine and confrontational methods (Zollner 2007). el-Fotouh uses the specific example of al-Malt and the IMA to point to the importance of a legal and gradualist approach to social change, what he calls “the trend of building and not of coups” (2012, 98-99).³¹ In his memoirs, former member of the Muslim Brotherhood Sayyid Abdel Sittar reproduces a series of internal memos that he sent to the Brotherhood’s leaders. In one, he uses the example of the IMA to make a point about how the Brotherhood operates their social enterprises:

In fairness, we must recognize that all of the [social] activities of the Muslim Brotherhood are organized according to the law, and the state encourages and approves of them (*shaja’atuha al-dawla wa waafaqat ’aleyha*). The clearest example of this is the Islamic Medical Association, which Dr. Ahmed al-Malt founded and which today operates dozens of clinics and hospitals that operate completely normally and are not targeted by the state, unless they are used as sites for something other than medical activity (2009, 360).

As one of the IMA’s current leaders explained: “We [the IMA] aren’t the enemy of the state, we’re part of it, despite the fact that we might disagree with its policies.”³² This fidelity to a legalist, accommodationist approach to the state- in both word and deed- is difficult to square with claims that the Brotherhood sought to use their social service networks to foment revolutionary discontent in those

³¹See also Ahmed al-Malt’s argument against violence as a means of change in Salah Abdel Maqsood, “‘Ashara Ihtihamat Mowaja illa al-Jamaa’a (Ten Charges Facing the Brotherhood),” *Liwa’ al-Islam*, No. 11 (February 7, 1989), pp. 12-15.

³²Author Interview, IMA Executive A, Jan. 17, 2014.

spaces where the state was weakest. Instead, by consciously subjugating their activism to state control, the Brotherhood was tacitly, if not openly, signaling their acquiescence to the regime's political legitimacy and primacy (Simmons and Hopkins 2005, Fearon 1997).

It was not just the regime that recognized the importance of the Brotherhood's signal. Egypt's more radical elements perceived the Brotherhood's legalist approach an unnecessary- and indeed counterproductive- compromise with a fundamentally illegitimate regime. For instance, in his famous pamphlet *The Neglected Duty (al-Farida al-Gha'iba)* that would justify the assassination of Anwar el-Sadat in 1981, Abdelsalam Faraj walked readers through a series of arguments justifying his decision to use violence. Along the way he harshly criticized Brotherhood-style sociopolitical activism, arguing that the regime's ability to monitor the civil sector made such a strategy meaningless. As he wrote:

There are those who say that we should establish societies that are subject to the state and that urge people to perform their prayers and to pay their *zakat* (charity) tax and to do (other) good works. Prayer, *zakat* and good works are (all equally) commands of God- Exalted and Majestic He is- which we should not at all neglect. However when we ask ourselves: "Do these works, and acts of devotion, bring about the establishment of an Islamic State?" then the immediate answer without any further consideration must be "No." Moreover, these societies would in principle be subject to the State, be registered in its files, and they would have to follow (the State's) instructions (1986, 184).

It was not just jihadist groups that found fault with the Brotherhood's decision to submit to Law 32 of 1964. Some human rights and activist groups operated unofficially in an attempt to escape the regime's monitoring efforts. Another strategy was to register as a business, in effect conceding that it was easier to operate under Egypt's tax code than the draconian civil society laws (Clark 2004, 177n57). Saad

Eddin Ibrahim's "Ibn Khaldun Center for Development" pioneered the strategy in 1988. Then, according to Mustafa, "nearly every human rights group followed the lead of the Ibn Khaldun Center and registered as civil companies (instead of under Law 32 of 1964)" (2007, 152). The reason these activists pursued this strategy, Pratt concludes, stemmed from their "belief in the illegitimacy of the regime" and their "hostility or suspicion to existing political parties and to state institutions" (2005, 124, 131, 133). The Brotherhood, on the other hand, remained within the boundaries of Law 32 (and its successors) through the end of the Mubarak regime.³³

The Brotherhood's willingness to submit to the regime's regulation, as well as the regime's willingness to countenance the Brotherhood's activism refutes arguments that the group strove to situate its activism in those spaces outside of regime control. The next section reveals the story of the IMA's first major project, the Islamic Charity Hospital, to extend this argument and show how simply examining the legal context of the IMA's founding actually risks *understating* the extent to which the Egyptian regime supported the Muslim Brotherhood's social service activism.

The Islamic Charity Hospital

Concurrent with their registration with the Ministry of Social Solidarity, the IMA began to advertise their latest project, the Islamic Charity Hospital (*al-Mistashfa al-Khairi al-Islami*).³⁴ As al-Malt described it, the Islamic Charity Hospital would

³³Following the July 2013 military coup, the Brotherhood's decision to register their social services- medical facilities, schools, and community associations- facilitated the regime's campaign to dismember the group's network (Brooke Forthcoming).

³⁴"Takween al-Jam'iyya al-Tibiyya al-Islamiyya (The Formation of the Islamic Medical Association)," *al-Da'wa*, No. 12 (May 1977), p. 37.

be “an Islamic landmark at an important entrance to Islamic Cairo, the city of a thousand *muezzin* (those who perform the call to prayer).”³⁵ This 350-bed, four story flagship facility would be built by the prominent Arab Contractors company, run by Anwar el-Sadat’s close friend Uthman Ahmed Uthman (Uthman’s oldest son married Sadat’s youngest daughter).³⁶

The Egyptian military ensured that the hospital project would get off to a running start. Following the Islamic Medical Association’s registration, the Egyptian Ministry of Defense gifted a plot of land 20 km² on the outskirts of Cairo on which to build the hospital.³⁷ Notwithstanding the Egyptian government’s generous gift of land, realizing the project would still require a considerable amount of resources. To this end, al-Malt began to appeal for donations in the pages of *al-Da’wa*, telling readers that “the treasury of the Islamic Medical Association...is the pockets of charitable Muslims.”³⁸ To handle donations in multiple currencies, the IMA set up accounts in the state-owned Banque Misr and Bank Ahli, as well as in the Faisal Islamic Bank.³⁹ Figure 2.6 reproduces and translates an August 1979 fundraising appeal for the Islamic Charity Hospital from the pages of *al-Da’wa*.

³⁵ Ahmed al-Malt, “Nidaa’ Illa al-Muslimeen: Mashrou’ al-Mistashfa al-Islami (Call to the Muslims: The Islamic Hospital Project),” *al-Da’wa*, No. 47 (March 1980), p. 63; Ahmed al-Malt, “al-Jam’iyya al-Tibiyya al-Islamiyya: al-Mistashfa al-Islami al-Markazi (The Islamic Medical Association: The Islamic Central Hospital),” *al-Da’wa* No. 57 (January 1981), p. 56.

³⁶ Ahmed al-Malt, “al-Jam’iyya al-Tibiyya al-Islamiyya: al-Mistashfa al-Islami al-Markazi (The Islamic Medical Association: The Islamic Central Hospital),” *al-Da’wa* No. 57 (January 1981), p. 57. Uthman also served as a type of intermediary between Sadat and the Muslim Brotherhood’s leadership, including Ahmed al-Malt. See Reda Abdel Wodood, “Safahat Khalida min Hayat al-Tabeeb al-Mujahed Doctor Ahmed al-Malt, (Immortal Pages from the Life of the Mujahid Doctor, Dr. Ahmed al-Malt),” *al-Hikma*, No. 18 (July 2012), p. 28.

³⁷ Ahmed al-Malt, “al-Mistashfa al-Islami al-Markazi (Islamic Central Hospital),” *al-Da’wa*, No. 62 (June 1981), p. 28

³⁸ Ahmed al-Malt, “Nidaa’ Illa al-Muslimeen: Mashrou’ al-Mistashfa al-Islami (Call to the Muslims: The Islamic Hospital Project),” *al-Da’wa*, No. 47 (March 1980), p. 63; Ahmed al-Malt, “Nida’ Min al-Jam’iyya al-Tibiyya al-Islamiyya bil-Qahira: Ya Muslimun! (A Call From the Islamic Medical Association in Cairo: O Muslims!),” (*al-Da’wa*, No. 21 (February 1978), p. 56.

³⁹ Advertisement in *al-Da’wa*, August 1979, p. 23; Ahmed al-Malt, “al-Jam’iyya al-Tibiyya al-Islamiyya: al-Mistashfa al-Islami al-Markazi (The Islamic Medical Association: The Islamic Central Hospital),” *al-Da’wa* No. 57 (January 1981), p. 57.

Figure 2.6: Central Hospital Fundraising Appeal, *al-Da'wa*, August 1979



In the Name of God, the Benevolent, the Merciful

Project

The Islamic Charity Hospital

We have begun, thanks be to God, the work of establishing the 300-bed Islamic Charitable Hospital in New Cairo. The IMA and its capital are the pockets of those who have helped encourage the attention of good people of charity and virtue in donating toward this tremendous work. The IMA accepts monetary and in-kind donations, and the IMA has bank accounts:

1. For Local Currency: Banque Misr (Garden City branch), Account No. 4615.
2. In Any Currency: Bank al-Ahli (Main Branch, Sharif St.), Account 14/95/065

Establishing this charity hospital is among the [legitimate] expenditures of *zakat*, as Muslim legal scholars have decreed. Therefore the IMA will accept cash donations (*zakat*) from the Muslims. May God compensate Islam and the Muslims with the greatest of rewards.

President,
Board of
Directors
Dr.
Ahmed
al-Malt

As the inset on the funding appeal in Figure 2.6 intimates, key to the enterprise was securing religious approval for the IMA to receive *zakat* donations.⁴⁰ To this end, al-Malt secured a *fatwa* (religious opinion) from prominent Islamist scholar Yusuf al-Qaradawi that paying *zakat* to the hospital project was a legitimate religious expenditure. In the *fatwa*, reprinted in *al-Da'wa*, Qaradawi explained that the Islamic Charity Hospital:

represents a citadel among citadels defending Islam, preserving the doctrines of its sons against the onslaught of missionary and evangelical hospitals and foundations. Every aid to it, physical or moral, is considered an act among the acts of jihad in the cause of God. For jihad is not only by the sword, and not only limited to military service, as many think. But it is an act toward the triumph of Islam, enabling it and defending it in every arena, and by every means. For this reason I think that counting the *zakat* toward the erecting of this charitable hospital is 'in the cause of God and for the triumph of Islam.'⁴¹

With backing from the unlikely bedfellows of Egypt's military and Islamist luminary Yusuf al-Qaradawi, the Islamic Charity Hospital's fundraising campaign quickly achieved tangible successes. A January 1981 article in *al-Da'wa* charted the progress of the construction. Not only had walls around the property been constructed, but a 40,000 square meter foundation had been dug at a cost of approximately 80,000 EGP (roughly \$204,000 in contemporaneous U.S. dollars).⁴² By June of that year work on the foundation had been completed.⁴³

⁴⁰One of the five pillars of Islam is donating a portion of one's income to charity (*zakat*), thus many charitable enterprises will seek religious certification that Muslims may discharge their religious obligations by donating to the charity.

⁴¹*al-Da'wa*, No. 62 (June 1981), p. 29. Another issue, of course, was that al-Malt and his colleagues had envisioned the facility operating more or less as a business catering to paying, middle class Egyptians. Qaradawi, however, reasoned that because 20% of the bed space would be reserved for the poor, this qualified the facility to receive *zakat* donations.

⁴²Ahmed al-Malt, "al-Jam'iyya al-Tibbiyya al-Islamiyya: al-Mistashfa al-Islami al-Markazi (The Islamic Medical Association: The Islamic Central Hospital)," *al-Da'wa* No. 57 (January 1981), p. 57.

⁴³Ahmed al-Malt, "al-Mistashfa al-Islami al-Markazi (Islamic Central Hospital)," *al-Da'wa*, No. 62 (June 1981), p. 28

The relationship between the regime and the Islamic Medical Association was literally set in stone when Egyptian president Anwar el-Sadat himself laid the hospital's cornerstone. Accompanying him during the ceremony were other regime luminaries, including then-Vice President Hosni Mubarak as well as the country's Defense Minister.⁴⁴

The empirical record of the IMA's founding and its first major project challenges arguments that Islamist groups' social service provision is a bottom-up and organic challenge to a feeble state. Instead, the state was a key actor in the IMA's emergence and operation: it granted the group legal approval and supported it both financially and symbolically. In return, the regime expected the organization to comply with legal and bureaucratic mechanisms that significantly curtailed the organization's ability to operate. The remainder of the chapter examines how this bargain shifted throughout the 1990s and 2000s before collapsing on the eve of Mubarak's own fall from power in early 2011.

A Bargain Stressed

As he subcontracted social welfare provision, Sadat's eyes were firmly fixed on alleviating the short term consequences of economic reform- specifically to prevent a redux of the 1977 Bread Riots. Over the long run, however, Sadat's strategy to empower Islamists entailed, in the words of then-U.S. Ambassador to Egypt Herman Eilts, "playing with fire."⁴⁵ Indeed, Sadat's willingness to bargain the future for the present neatly dovetailed with the Brotherhood's long game. For

⁴⁴*al-Mistashfa al-Khairi al-Markazi*, Advertising Brochure, N.D. I appreciate Tarek Masoud sharing this document with me. He discusses the event briefly in his book (2014a, 77).

⁴⁵"Muslim Resurgence: Fanatic and Mainstream," U.S. Embassy Cairo, Cable No. 1976CAIRO16440_b, November 26, 1976. Available online at: https://search.wikileaks.org/plusd/cables/1976CAIRO16440_b.html. Accessed July 12, 2015.

years the equilibrium persisted but, as Sadat's future became Mubarak's present, the tacit bargain began to break down.

The regime's relative acquiescence to the Brotherhood's social service provision was contingent on two factors: the need to backstop economic reforms and the regime's confidence that the group would not challenge the regime's political primacy. The first of these conditions obtained through the end of the Mubarak era. If anything, the need to preserve social stability grew in importance as new economic reforms accelerated the process the *infitah* had begun years before (Bayat 2006, Tadros 2006, Momani 2005). The Economic Reform and Structural Adjustment Program (ERSAP) in the early 1990s introduced further burdens on Egypt's citizens, particularly by pushing further privatization and introducing mechanisms such as "cost recovery" which took more money out of citizens' pockets (The World Bank 1993, 1991, Akin, Birdsall and deFerranti 1987). As these programs began to bite, the network of non-state providers- the Brotherhood included- became more important to social stability. To some extent this protected the group. As an official from state security reportedly told the administrator of a Brotherhood hospital during an inspection in the mid-1990s, "if you weren't helping us carry the load, we'd haul all you into prison."⁴⁶

A brief glance at the IMA's dialysis centers highlights the organization's integration into Egypt's public health infrastructure. Three dialysis sessions per month cost around 220EGP (approx. \$25). Although in theory the Egyptian government covers these three sessions per month, in practice they can only reimburse providers (including the IMA) two thirds of that. Many providers- both public and private- cut corners to avoid a shortfall in their own budgets. For instance, some restrict patients to only two monthly sessions, ask the patients to

⁴⁶ Author Interview, IMA Facility Manager A, May 11, 2013.

pay for the third out-of-pocket, or even reuse disposable equipment such as filters and tubing. In contrast, the IMA subsidizes the remaining third. This has put the IMA in a bit of a bind. For while the IMA's four existing kidney centers carry out approximately 27,200 dialysis sessions per year, they remain unable to meet existing high demand. Yet the IMA is reluctant to open more dialysis centers simply because they cause the IMA to run in the red: picking up the tab for one third of their 27,200 sessions costs the IMA around a quarter of a million dollars annually.⁴⁷

Yet as the declining quality of public services drove up demand for non-state providers, the Brotherhood also began to press its political advantage. This culminated in the unprecedented victory of 89 Muslim Brotherhood deputies in the 2005 parliamentary elections. In response the regime began to recalibrate its approach to the Brotherhood, relying more and more on coercion where co-optation and bureaucratic manipulation had once been sufficient. In the civic and social realm, the security services increasingly took charge of dealing with NGOs, elbowing out the Ministry of Social Solidarity (which was the point-of-contact for non-state providers as defined in Laws 32 of 1964 and 84 of 2002) (Tadros 2011). As the security services moved to the forefront, the regime became less and less willing to countenance the activities of the IMA.

Some of the first salvos were fired shortly after the 2005 elections. The IMA's first clinic was in the lower-middle class Cairo district of Sayyida Zeinab. The

⁴⁷ Author Interview, IMA Executive A, January 7, 2014. Author Interview, IMA Facility Manager B, November 8, 2012. See also Gad al-Mawli Mohammed, "Marakiz al-Kali bil-Jam'iyya al-Tibiyya al-Islamiyya... Khidmat Insaniyya bi-Hajat lil-Dam (Dialysis Centers of the Islamic Medical Association...Humanitarian Services in Need of Support)," *al-Jam'iyya al-Tibiyya al-Islamiyya*, January 2, 2014. Available online at: <http://ima-egy.net/2013-09-24-14-31-06/269-2014-01-19-14-34-44>. Accessed February 1, 2015; Ahmed Hasan, "Markaz Na'ima Lil-Ghasil al-Kelawi Yu'alij 3500 Marid Sanawiyyan (Mercy Center for Dialysis Cares for 3500 Patients Yearly)," *al-Jam'iyya al-Tibiyya al-Islamiyya*, November 2, 2014. Available online at: <http://ima-egy.net/programs/578-3500>. Accessed February 1, 2015.

clinic began when a group of Muslim Brotherhood doctors cleaned out a room used to store trash behind the Sayyida Zeinab mosque and started operating a small clinic a few nights a week.⁴⁸ In the 1990 elections a talented lawyer and National Democratic Party functionary, Fathi Surour was elected from the district. He would later become the chairman of the People's Assembly, a position he would hold until 2011. During those two decades Surour became legendary for his ability to funnel services to his constituents. As one columnist in the state paper described it, "throughout the past 20 years Dr. Surour has succeeded in building his reputation through providing so many services to the district that it is usually described as 'the capital of capitals'."⁴⁹ Following the 2005 elections, Surour expropriated the Muslim Brotherhood's Sayyida Zeinab clinic for himself, in order to "to prevent the spread of the Muslim Brotherhood, and to prevent their communication with the people" according to an IMA official (who had himself started with the organization by working in the Sayyida Zeinab facility).⁵⁰

The regime also began to simply deny the IMA permission to open new facilities. In late 2005/early 2006 the IMA began to prepare plans for a modest new medical facility in the Delta town of Itay al-Baroud, situated around 125 KM northwest of Cairo. After years of planning and working with the regime and the town's citizens to get the plans approved, the IMA began converting a two-story building downtown into a clinic that would eventually hold 15 beds and

⁴⁸The clinic plays a small but critical role in the history of modern Islamic militancy. In his memoirs, current al-Qa'ida leader Dr. Ayman al-Zawahiri recounts how he was volunteering in the Sayyida Zeinab clinic in 1980 when the director convinced him to go to Afghanistan as part of a medical relief effort. It was in Afghanistan where he met Osama Bin Laden and joined al-Qa'ida (2001, 59).

⁴⁹Mohammed Abdel Salam, "Surour Yuhasim al-Fi'at...wa Thala 'ala Maqaid al-'Umal fi al-Sayyida (Surour Clinches the Professional's Seat, while Three Contest the Worker's Seat in Sayyida Zeinab)," *al-Ahram*, September 21, 2010. Available online at: <http://digital.ahram.org.eg/articles.aspx?Serial=266470&eid=2555>. Accessed October 12, 2014.

⁵⁰Author Interview, IMA Executive A, January 15, 2013.

two examination rooms, in addition to an on-premises pharmacy. At that point State Security stepped in and stopped the process. “You already have the Dar al-Salam hospital in (nearby) Damanhour,” the agents told the IMA, “and you’ll have to erect this one over our dead bodies.” After freezing the process, State Security eventually allowed the project to proceed after the IMA agreed to hand the entire enterprise off to the less politically-active *al-Gam’iyya al-Shar’iyya*. Now, the facility serves as one of that organization’s medical centers treating premature infants.⁵¹

Beyond seizing current facilities and denying permission to construct new ones, the regime resorted to simply destroying existing facilities. Despite Sadat’s high-profile inauguration of the Islamic Charity Hospital, the facility did not last a decade. In 1986 Hosni Mubarak confiscated the facility, reportedly because he was incensed by the hospital’s high profile location on a main artery into Cairo’s downtown.⁵² The military took control of the facility and transformed it into what is now the Military Evacuation Hospital.⁵³

In compensation for the seizure, in 1991 the regime gave the IMA a much smaller plot of land (two Km²) a short ways south, near the current City Stars complex.⁵⁴ After building up a small outpatient clinic, in 1993 the group began to work on an ambitious new expansion. Figure 2.7 shows Ahmed al-Malt laying the foundation stone of this new facility in 1993. Alongside him is Sheikh Mohammed al-Ghazali, whose sermon two decades prior had ignited in al-Malt the idea of the

⁵¹ Author interview, IMA Executive B, May 16, 2013.

⁵² Author Interview, IMA Facility Manager C, January 19, 2013.

⁵³ Mubarak returned to the site in 1992 to lay a second foundation stone, although if anyone noticed the irony it did not make it into the newspaper coverage of the event. See “Mubarak Yaftatah Ihdash Mistashfa ‘Askari wa Yazour Darihi al-Sadat wa al-Jundi al-Maghoul fi ‘Eid Tahrir al-Sinai (Mubarak Inaugurates the Latest Military Hospital and Visits the Tombs of Anwar el-Sadat and the Unknown Soldiers on the Occasion of Sinai Liberation Day),” *al-Ahram*, April 24, 1992.

⁵⁴ “al-Jam’iyya al-Tibiyya al-Islamiyya (The Islamic Medical Association), *Dar al-Salaam Hospital Website*, N.D. Available online at <http://goo.gl/qpNVni>. Accessed May 12, 2014.

Figure 2.7: Ahmed al-Malt (L) and Mohammed al-Ghazali, August 1993
(*Ikhwanwiki*)



Islamic Medical Association.

Yet even then the Central Hospital was not out of the woods. During the 2000 parliamentary elections, for instance, permitting slowed up while inspections and general harassment increased (Shamakh 2011, 86).⁵⁵ The IMA pushed ahead, and in 2006 they launched a new expansion scheduled to cost over \$7.3 million and be completed in time for the 2010 parliamentary elections.⁵⁶ Even as the group began to construct new floors and purchase new equipment, the regime stepped

⁵⁵"al-Hasouma al-Fajira: Hadm Mistashfa Kheiri Dakhm ala Ras al-Marid wa al-Atiba' Lianu Muhasib 'ala al-Ikhwan, (The Ridiculous Rivalry: Destroying a Charity Hospital Over the Head of Patients and Doctors because of its Relationship to the Brotherhood)," *Nafidhat Misr*, December 7, 2009. Available online at: http://www.egyptwindow.net/news_Details.aspx?News_ID=5941. Accessed January 3, 2015.

⁵⁶"al-Ikhwan: al-Mushawarat al-Mukathifa Tamhidan li-Aqid Intikhabat Ra'isiyya Misriyya (The Brotherhood: Intense Discussions in Advance of the Upcoming Egyptian Presidential Elections)," *Islamonline*, December 11, 2009. Available online at: <http://islamonline.com/news/articles/25/vdi582b8ueuknyvi.html>. Accessed January 3, 2015.

in to destroy the building, allegedly for violating zoning restrictions on the height of the facility. In December of 2009 workers armed with picks, sledgehammers, and heavy equipment descended on the facility to destroy it from the inside out.⁵⁷ Although a sit-in of doctors and patients opposed the regime, the workers began around-the-clock demolition efforts that eventually stretched over a week.

The Brotherhood and the IMA scrambled to stop the demolition. In addition to filing emergency appeals with the Cairo courts, the group also tried to appeal to Hosni Mubarak through his wife, Suzanne, and place advertisements in the media (they claim the newspapers rejected the ads). As one senior figure in the IMA claimed, “we told Mubarak ‘please, if you don’t want us to have it, take it for yourself! There’s no need to destroy it!’”⁵⁸ The Brotherhood’s parliamentary deputy from the district, Essam Mukhtar, led a delegation to plead the case with the Cairo governorate, but was ignored. Afterwards, he exasperatedly told the press “it seems this is a new strategy by the regime...to pull the rug out from under the Brotherhood’s feet in advance of the upcoming parliamentary and presidential elections, despite the damage it will do to the ordinary Egyptian.”⁵⁹ This is “a political case” claimed Brotherhood parliamentarian Mohammed el-Beltagy.⁶⁰ Eventually the IMA’s lawyers were able to stop the destruction, but not before two floors had been wrecked and a number of sensitive machines had

⁵⁷Video clips of the demolition attempts in the author’s possession, both dated December 14, 2009.

⁵⁸Author interview, IMA Executive B, May 16, 2013.

⁵⁹“al-Hasouma al-Fajira: Hadm Mistashfa Kheiri Dakhm ala Ras al-Marid wa al-Atiba’ Lianu Muhasib ‘ala al-Ikhwan, (The Ridiculous Rivalry: Destroying a Charity Hospital Over the Head of Patients and Doctors because of its Relationship to the Brotherhood),” *Nafidhat Misr*, December 7, 2009. Available online at: http://www.egyptwindow.net/news_Details.aspx?News_ID=5941. Accessed January 3, 2015.

⁶⁰Video clip: “al-Jam’iyya al-Tibiyya al-Islamiyya: Qidaya Mukhalifat Idariyya am Qidaya Siyasiyya? (The Islamic Medical Association: An Administrative Case or a Political One?),” Uploaded October 10, 2011. Available online at: <https://www.youtube.com/watch?v=j0zHrB39r1o>. Accessed January 4, 2015.

been rendered unusable.⁶¹ As late as 2013 the top floors remained closed amidst exposed rebar concrete and blown out portions of walls, scars from the attempted destruction.

A Bargain Broken

The scope of the repression widened even further as parliamentary elections approached in the autumn of 2010. In effect, the regime was caught in a pincer movement. Institutionally, the Brotherhood was entering the electoral cycle poised to build on its electoral success in 2005. And in Egypt's streets and squares, the regime was busy fending off precisely the type of unsanctioned mobilization it most feared: industrial towns were experiencing a series of wildcat strikes (Beinin and El-Hamalawy 2007), while a liberal protest movement was mobilizing a new generation of activists (El-Mahdi 2009) in Egypt's public spaces. In the face of such widespread opposition from all corners and social sectors, the regime doubled down on their repressive capabilities.

Surprise visits from the authorities and nitpicking inspections had been a fact of life for the IMA for years. In addition to the overall oversight role of the Ministry of Social Solidarity, the IMA also fell under other bureaucratic purviews. For instance, the Central Accounting Agency (*al-Jihaz al-Markazi lil-Muhasibat*) has authority to inspect the accounts of the organization and monitor financial irregularities. The Ministry of Health constantly inspected all facilities for cleanliness and sanitation. Finally, particularly for those medical facilities that rent property

⁶¹"Hukm Tarikhi Did Wazir Bi-Mna'a Hadm Mistashfa al-Gam'iyya al-Tibiyya Ba'd Hadmiha bi-Shekl Hamji, (Historic Judgement Against the Governor Forbidding the Destruction of the (Islamic) Medical Association's Hospital following its Brutal Destruction)" *Nafidthat Misr*, December 18, 2009. http://www.egyptwindow.net/news_Details.aspx?News_ID=6126. Accessed January 4, 2015.

from religious endowments, (for instance renting space in a mosque complex), both the Ministry of *Awqaf* and the Administrative Control Authority (*Hi'at al-Riqaba al-Idariyya*) also have oversight jurisdiction (Sullivan 1994, 17).⁶²

But according to hospital staffers these inspections and interventions increased dramatically around the 2010 parliamentary elections. The punishments also escalated as the regime used the smallest infractions to close facilities. For instance, the security services showed up at the *Sharabiyya* Hospital in October 2010 and shut the facility down over a leaky faucet.⁶³ Shortly thereafter, regime agents visited the *Tawba* Hospital, in Hadaïq al-Kobba and forced it to close because the fire suppression system was judged to be deficient. The facility remained closed for the duration of the parliamentary elections, and in fact only reopened after Mubarak stepped down in February 2011.⁶⁴ Similarly, the *Hadi* Hospital, in Helwan, was forced to close because an employee left a dirty uniform on the floor, and other facilities reported similar nitpicking violations.⁶⁵ The *Mowasah* Hospital in Shibin al-Kom was also closed during the 2010 elections.⁶⁶ Not only that, but the hospital's parent association (the *Mowasah* association) came under tremendous pressure for campaigning on behalf of Brotherhood candidates, to the point that the district governor even demanded the association be dissolved.⁶⁷

⁶² Author Interview, IMA Employee A, February 2, 2013.

⁶³ Author Interview, IMA Employee A, February 2, 2013. See also "Taqrir Mistashfa al-Sharabiyya (Report on the *Sharabiyya* Hospital), *Moraselon*, N.D. (Uploaded October 31, 2010). Available online at <http://www.youtube.com/watch?v=BB9Ef5KXtmI>. Accessed January 12, 2013.

⁶⁴ Author Interview, IMA Employee B, May 1, 2013.

⁶⁵ Author Interview, IMA Facility Manager A, May 11, 2013; Author interview, IMA Employee C, May 9, 2013; Author Interview, IMA Employee D, May 11, 2013; Author interview, IMA Facility Manager C, January 19, 2013.

⁶⁶ Author Interview, IMA Employee E, November 11, 2012.

⁶⁷ Ahmed al-Sukkari, "al-Sadat Yatarid 'ala Hal Gam'iyyat 'al-Mowasa' (Sadat Disagrees with the Dissolution of the *Mowasah* Association)," *al-Wafd*, December 22, 2010. Available online at: <http://goo.gl/rpkTv9>. Accessed January 10, 2015; Mohammed Essawy, "260 Mowazifan wa Mari-dan bi-Mistashfa al-Mowasah bil-Menoufiyya Yatathahiroun Ihtijajan 'ala Qarar Hal al-Gam'iyya (260 Employees and Patients of the *Mowasah* Hospital in Menoufiyya Rally to Protest the Decision to Dissolve the (*Mowasah*) Association)," *al-Ahram*, December 21, 2010. Available online at:

The harassment against the Brotherhood's medical network got so bad that the group felt the need to address it as part of a larger formal statement explaining their participation in the 2010 elections (the Brotherhood would withdraw their candidates after unprecedented fraud in the first round). The Brotherhood demanded that the regime:

desist in mobilizing the state's institutions against its opponents, especially the unjustified use of security services which have carried out dozens of arrest campaigns against the Muslim Brotherhood around the country, in addition to raiding dozens of offices, as well as branches and hospitals of the Islamic Medical Association around the country, which is all an illegal attempt to cripple the candidates of the Muslim Brotherhood...⁶⁸

In retrospect, the late 2010 collapse of the bargain that allowed the Brotherhood a relatively free hand to proliferate social services was a harbinger of the end of the regime itself. In the 1970s the Brotherhood was willing to bet that, in the long term, the benefits of their above-ground and legal provision of social services would outweigh the costs of submitting to regime supervision. In contrast, the regime's future discount rate was very low: Sadat was willing to risk the possibility that he was nurturing a long-term challenge to his regime in exchange for staving off what was then a more imminent threat of popular mobilization. In the end, Hosni Mubarak found himself facing the worst of both worlds: while the Brotherhood attempted to leverage their electoral power to secure a permanent place in the regime as it stood, protestors in Tahrir Square were attempting to tear the entire edifice down.

<http://digital.ahram.org.eg/articles.aspx?Serial=379034&eid=715>. Accessed January 10, 2015.

⁶⁸"Limatha al-Musharika fi al-Intikhabat (Why Participate in the Elections)?" *Ikhwanonline*, October 10, 2013. Available online at: <http://goo.gl/13a6SU>. Accessed January 20, 2015. See also "al-Jihaz al-Khidmi lil-Jama'a Yahtiz (The (Brotherhood's) Service Organization is Shaken)," *al-Mal*, October 26, 2010. Available online at: <http://www.almalnews.com/Pages/StoryDetails.aspx?ID=13708>. Accessed January 9, 2015.

Conclusion

For many, the Muslim Brotherhood's provision of social services is a phenomenon that exists, through either design or happenstance, at the edges of regime power. Using interviews and memoirs of key members, coverage in Islamist periodicals such as *al-Da'wa*, and government documents this chapter shows the opposite. Egypt's authoritarian regime played a key role in the IMA's establishment: encouraging its growth, providing financial and symbolic support, and allowing it a legal space in which to operate. In return, these services helped millions of Egyptians cope with Egypt's shrinking social safety net. So long as the Brotherhood submitted to the regime's legal, administrative, and bureaucratic mechanisms of control, the group's threat to the regime's political primacy was minimal. Yet as the Brotherhood's political challenge to the regime crested following the 2005 parliamentary elections, the regime turned away from bureaucratic and administrative regulation and towards brute force.

This historical record provides a wealth of material with which to evaluate the predictions of alternative theories of the Brotherhood's social service provision. First, the close relationship between the regime and the IMA does not support predictions that Islamist groups will situate their activism in the spaces beyond regime control. Second, the IMA's founders never envisioned the organization as a charitable venture- from the outset, they crafted the organization to provide Egypt's middle class with decent and caring medical service at a modest cost. Finally, the regime was not blind to the political risks of empowering the Brotherhood's social service networks, although they gambled that the short term benefit of channeling opposition off the streets and into institutional, easily controlled channels of bureaucratic regulation and institutional politics outweighed these

risks.

Chapter 3

Helpless in 'Elwan

With the history of the IMA in mind, we can now consider the theoretical questions that motivate this project: under what conditions does the Muslim Brotherhood distribute social services? What purpose do these services serve? Chapter one argued that Egypt's authoritarian political institutions funneled this provision into competitive, middle-class electoral districts. This chapter tests the theory's spatial implications, analyzing the spatial distribution of the Brotherhood's brick-and-mortar medical services against the predictions of alternative theories focusing on charity, revolutionary activism, and recruitment.

As the first chapter noted, it has historically been difficult to assess these hypotheses due to the simple dearth of empirical information about the Brotherhood's social service network: where these facilities exist, whom they serve, their size and scope, and how they are run. This chapter relies on an array of original spatial and qualitative data, including a geolocated set of dozens of Brotherhood medical facilities across Egypt, a complete record of the Brotherhood's political participation from 1976-2010, and interviews with Brotherhood service providers in order to systematically assess where these hypotheses stand out and where they fall short. Throughout, the goal is to gain explanatory leverage by blending quantitative and spatial tests with close analysis of Arabic-language primary and secondary sources, maximizing generalizability without sacrificing causal infer-

ence.

Picking up the theme from chapter one, the chapter also reveals how Egypt's authoritarian political economy established a series of constraints and incentives that set the bounds of the Muslim Brotherhood's political activism. In particular, robust pro-regime clientelist networks locked-in the support of Egypt's poor, disincentivizing the regime's opponents from attempting to mobilize that sector. As the theory predicts, and the sections below show, the spatial distribution of the Brotherhood's medical facilities follows this logic, mapping closely onto those middle-class areas where the group contested seats for parliament. Other measures related to need, state capacity, or membership density fail to explain the observed variation. Furthermore, an analysis of these facilities' internal organization and functioning confirms that the middle class emphasis of the IMA's founders echoes into the present day.

The Level of Analysis

Recall the variation in the opening anecdote: The residents of Ma'adi, an upper-class Cairo suburb, benefitted from the Brotherhood's social service networks. The residents of 'Elwan, a poor village in southern (upper) Egypt, had "never" benefitted from the Brotherhood's social services. This puzzle repeats itself in towns and neighborhoods all over Egypt: in some places the Brotherhood's brick-and mortar social service enterprises are dense, in others they are quite sparse. This concrete example both highlights and specifies the variation: why do some areas, like Ma'adi, host social service networks while others, like 'Elwan, do not?

This dissertation considers why the Brotherhood's social services appeared, or did not appear, in particular districts across Egypt. I do not attempt to explain

why a social service facility appeared on one particular street corner, or why the group took up residence in a particular building in Ma'adi. The micro-level process by which a facility comes to exist at a specific address is the result of an almost endless number of often contingent factors: land or a preexisting property exists, someone can help obtain permits, building materials or workers are readily available, *et cetera* (Clark 2004). In fact, nearly every one of the Islamic Medical Association's hospitals or medical centers is housed in a building owned by a local community association. *Al-Farouq* hospital, in Maadi, operates in a building the "Association for Developing West Ma'adi" owns, and the IMA pays rent to that association.¹ The *Jam'iyat al-Sharif* (The *Sharif* Association) owns the building housing the 'Adel hospital in Shubra, and the IMA pays rent to the *Sharif* Association. At both the *al-Sharabiyya* and *al-Tana'im* hospitals in Shubra and Basatin, respectively, the IMA rents the premises from the sprawling Islamic charity network *al-Gam'iyya al-Shar'iyya*.² The IMA's *Ibn Sina* hospital in Banha had been a pre-existing and independent medical facility until the IMA took it over in 2006. When I visited the hospital in 2013, the original owner still lived on the top floor and received monthly rent from the Islamic Medical Association.³

Instead of a micro-level ethnographic study, the focus here is on providing a relatively parsimonious theory to explain macro-level variation in service provision. Specifically, I am interested in "scaling up" to ask why facilities tend to appear in some areas (like Ma'adi) but not others (like 'Elwan). This lifts the inquiry beyond the contingent interaction of highly specific variables and instead makes the problem more amenable to building nomothetic theory. Waldner offers

¹Author Interview, IMA Employee D, May 11, 2013.

²Author Interview, IMA Executive B, November 8, 2012; Author Interview, IMA Employee A, February 2, 2013.

³Author Interview, IMA Employee C, May 9, 2013.

an analogy:

the correspondence between microstates and any given macrostate depends on the level of abstraction with which we define the specified macrostate. Consider the proverbial ton of bricks. We bring the bricks up in a helicopter to a height of one thousand feet and drop them on an empty field. Will the bricks form an exact replica of Thomas Jefferson's rotunda which graces the lawn of the University of Virginia? While statistically possible, the answer is no, because only one of the astonishingly huge number of microstates comprisable from a ton of bricks exactly corresponds to Mr. Jefferson's rotunda. In fact, we can say with virtually complete certainty that the bricks will form nothing but a pile, because the class of microstates m_k corresponding to macrostate M_1 "pile of bricks" is an overwhelmingly huge proportion of the total number of microstates m_i to m_j . We would not be able to predict which microstate would result, but we could predict quite easily which macrostate would result: that described as a random pile of bricks (2002, 95-96).

As Waldner's example intimates, how the study is framed has important ramifications for the explanatory variables. This project examines the variation in outcomes at a certain level of abstraction: Egypt's 222 Mubarak-era election districts. This decision shifts the causal focus away from the highly idiographic factors mentioned above to larger structural and institutional factors based around resource maximization and strategic interaction.

Setting the level of analysis at the electoral district is also useful in other ways. Prior studies are notable for their explicit focus on the capital city, the Cairo-Giza metropolis. While these studies have yielded significant detail on how Islamic social institutions operate and interact with specific audiences, there is the distinct possibility that the authors' respective findings are not generalizable to the rest of the country (Fandy 1998).

More importantly, expanding the analytical focus to encompass both districts where the Brotherhood's social service networks are present *and* where they are is

absent guards against a no-variance design (Collier and Mahoney 1996, King, Keohane and Verba 1994). Consider how two prominent studies have approached the question of Islamic social service activism in Egypt. Both Wickham's and Clark's signal studies of Islamic social activism conclude, broadly, that social service institutions help to introduce or otherwise acclimate individuals to participation in Islamic activism. Yet consider how their respective research designs artificially truncate the universe of cases:

In order to investigate Islamic strategies of outreach, I conducted fieldwork in three *sha'bi* (middle/lower class) neighborhoods in Greater Cairo known for their moderate to high levels of Islamic activism (Wickham 2002, 124).

I randomly chose clinics of all sizes and from both the most populous areas of Cairo and the city's newer outlying areas by literally choosing a geographical district, driving to it, and interviewing the first clinic spotted (Clark 2004, xiii).

Wickham limits her causal leverage by excluding areas *without* much Islamic activism, while Clark could have stopped to investigate neighborhoods *without* Islamic clinics. While this dissertation builds on both of these studies, it also extends them by considering not only why Islamic social service facilities *exist* in one area, but why they *do not* exist in others.

The analysis below begins with a macro-level view of the variation in Muslim Brotherhood social service provision across Egypt. To do so, this chapter builds on an original geolocated dataset of brick-and-mortar Muslim Brotherhood medical institutions. Mapping the coordinates of these facilities across Egypt's political and socioeconomic geography highlights the underlying sociopolitical relationships, revealing the logic behind the Brotherhood's decision to provide or withhold social services.

Localizing the Brotherhood's Social Service Networks

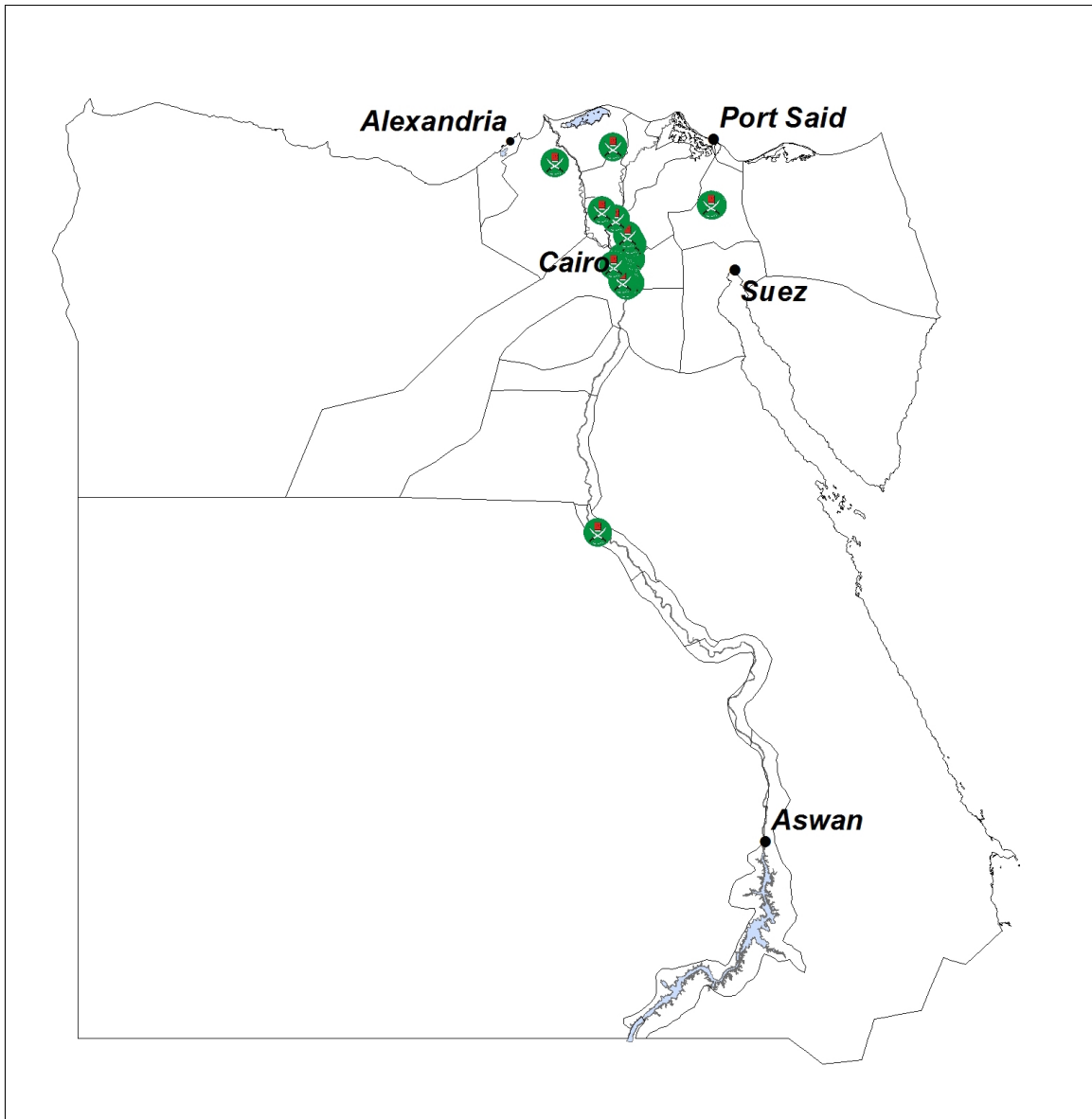
During the period 1990-2011 IMA operated 31 facilities across Egypt. These consisted of hospitals, dialysis and eye centers, an institution for Egyptians with special needs, and a fertility clinic. A circa 2012 listing of facilities is available both on the group's website, as well as in the IMA's in-house (uncirculated) journal *al-Hikma*.⁴ Through fieldwork I also identified additional facilities that had been opened during the Mubarak era, but had been closed or seized prior to 2011 (as the Sayyida Zeinab clinic referenced in chapter two).

From these lists I used a combination of open-source research methods to identify the precise latitude and longitude of each facility. As a first stage, I cross-referenced the facility name with the results of an internet search. This usually turned up a directory listing, Facebook page, or website for the facility in question that provided the precise address or, more likely, a nearby landmark. Occasionally these facilities or nearby landmarks were also tagged in *Wikimapia*, a crowd-sourced georeferencing website.⁵ In other cases satellite maps identified prominent landmarks and intersections. In many cases, the above methods located accurately the latitude and longitude of these facilities. However in some particularly difficult cases the on-line information was not sufficient to pinpoint the location of the facility with any confidence. In these cases, I physically travelled to the facilities and, while there, used my smartphone to hand-log the GPS coordinates. Later I correlated these measures with a satellite overview of the area to confirm the location. Figures 3.1 and 3.2 present the locations of these facilities, first on a nationwide scale, and then zooming in to focus on the especially dense concentration around the Cairo metropolis.

⁴Available online at: <http://www.imaegy.com/l3.php?id=36>.

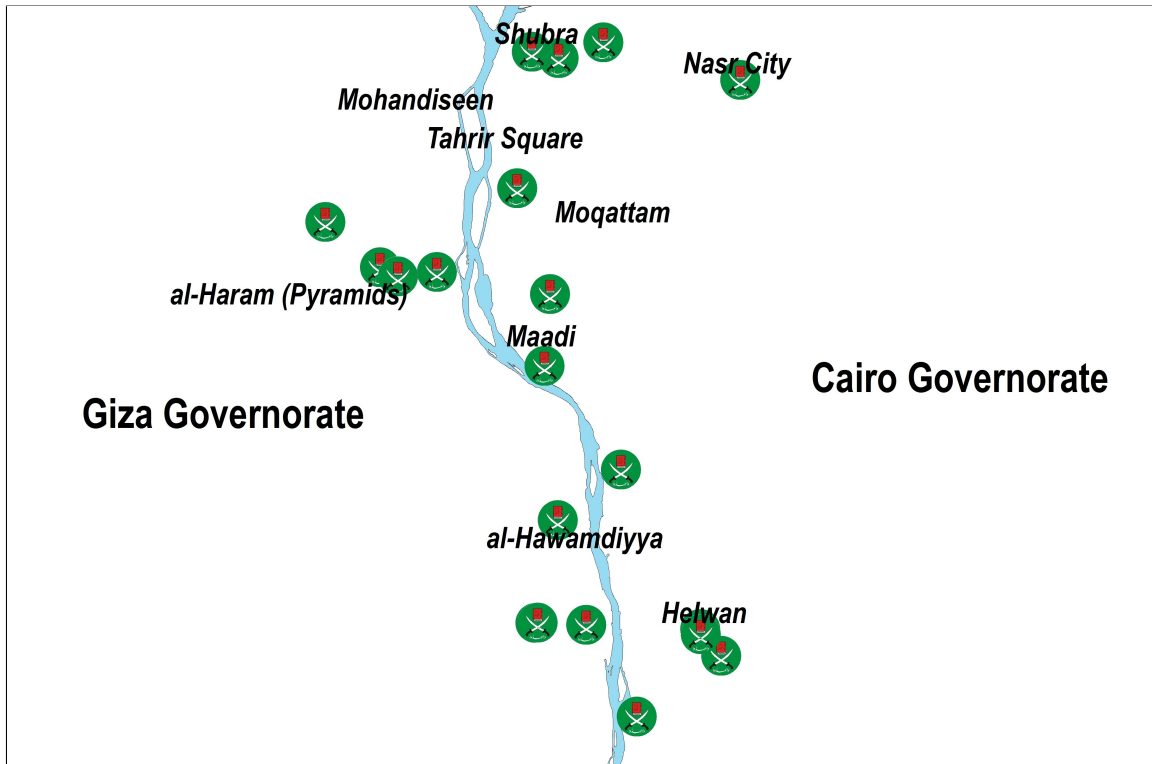
⁵Available at <http://http://wikimapia.org/>.

Figure 3.1: Spatial Distribution of Brotherhood Medical Facilities (Nationwide)



The locations of these facilities furnish the dependent variable which enables empirical tests of the macro-level theory outlined earlier. Before proceeding to the empirical tests, the following section sorts and highlights those alternative independent variables that prior scholars have theorized exert influence over the

Figure 3.2: Spatial Distribution of Brotherhood Medical Facilities (Cairo Metropolis)



Brotherhood's distribution of social services.

Alternative Hypotheses

While media reports often link the Brotherhood's social service provision to electoral success, most scholars who have studied the phenomenon in Egypt and elsewhere have actually concluded that these facilities' connection to electoral politics is ephemeral at best. Instead, they implicate these facilities in mobilization strategies that are precisely the *opposite* of the institutionalized, mundane channels of electoral politics. Specifically, they argue that Islamist social service provision is part of a strategy to express the ideals of Islam through charitable provision,

attract recruits and build organizational cohesion, or mount a revolutionary challenge to the state. The following section draws out the spatial implications of each theory in order to predict the evidence we should expect to find if it were true.

- *Social Service Provision as Islamic Injunction*

For many authors, asking why Islamists act in a given fashion is tautological. The term itself, “Islamist,” suggests that any attempt to explain behavior should begin (and probably end) with reference to the dictates of the Islamic canon. In a famous essay Bernard Lewis cautioned those studying the Islamic world to keep “two essential points” in mind: “the universality of religion as a factor in the lives of the Muslim peoples...and its centrality” (1976, 40). Gellner specified how Islam “inhibits the handing over of some sphere of life to non-religious authorities” which, in turn, renders it difficult for Muslims to propose alternative structures of social organization (1983, 2). But if an “Islamic impulse” (Stowasser 1987) drives Muslims or, even more specifically, Islamists, then what does that mean for arguments regarding social service provision?

As authors have noted, there is an Islamic “injunction” to provide charity based on the concept of *zakat* (Benthall 1999, Heyneman 2004). The Quran specifies eight categories of people eligible to receive charity: the impoverished (*al-Fuqara'*), the completely destitute (*al-Masakin*), those who administrate and distribute the charity (*al-'Amileen*), those whom charity might incline towards conversion to Islam (*al-Mu'alifat Quaylubuhum*), freed slaves (*al-Riqaab*), the indebted or insolvent (*al-Gharimeen*), those engaged in religious tasks (*fi sabil Allah*), and the stranded traveller (*Ibn al-Sabil*).⁶ When translating these “injunctions” to behavior, authors overwhelmingly focus on the first two categories (the poor).

⁶*Sura al-Tawbah* (9), Verse 60.

Hammad, for instance, argues that the Jordanian Muslim Brotherhood:

paid special attention to the work of charity and good deeds and viewed it as one of the basic principles of the Muhammadan mission. Voluntary work in Jordan is a product of this Islamic culture and the values and ethics that are derived from the Islamic *Sharia* and the Arab-Islamic heritage (1997, 187).

Likewise, Hamzeh tells us that “the activities of (Lebanese) Hizbullah’s Social Unit emanate from a strong ideological commitment because social service is a fundamental tenet of the faith” (2004, 53). The authors of a study of the Palestinian Hamas go further, and explicitly connect the religious motivation to on-the-ground implications: “the Brotherhood’s traditional practice of applying the Islamic duty of charity to the poor” is a reason why that sector tends to support the group (Mishal and Sela 2006, 20).

A group dedicated to providing aid to the poor could do much good in Egypt. World Bank statistics show that around one-quarter of the population lives under the poverty line, and unofficial estimates suggest that the true number is much higher (Sabry 2010). As chapter two described, the structural economic reforms the Sadat and Mubarak governments undertook essentially dismantled Egypt’s Nasser-era social safety net. The business sector did indeed take off, enriching a new capitalist class increasingly congealing around heir apparent Gamal Mubarak. On the other hand, poverty rates shot up. Apparently missing the irony, a cable from the U.S. Embassy in Cairo summarized the situation for a visiting delegation thusly: “Economic reform has been a success story, although Egypt still suffers from widespread and so far irremediable poverty affecting upwards of 35-40% of the population.”⁷ If Islamist groups relied upon social service

⁷Cable, US Embassy to Secretary of State, “Scenesetter for General Petraeus’ Visit to Egypt,” December 21, 2008, 08CAIRO2543, <http://wikileaks.org/cable/2008/12/08CAIRO2543.html>. Cited in Brownlee (2012, 130-131).

provision to target their less affluent countrymen and women, then these facilities should exist in Egypt's poorer neighborhoods and villages.

- *Social Service Provision as Recruitment*

Scholars have also contextualized Islamists' social service provision not as the mere discharge of a religious obligation, but as a purposeful activity embedded in wider strategies of sociopolitical activism. A number have posited a link between the strength of the Islamic movement (and the Brotherhood in particular) and the operation of social service facilities. Rubin, for instance, charges that the Brotherhood's "medical clinics in mosques...[are] used to recruit people" (1990, 26). Similarly, Saad Eddin Ibrahim asserts that these institutions "have provided a convenient infra-structure for recruiting both militant and non-militant Islamic activists (1997, 52). Trager tells us that the Muslim Brotherhood works to "Islamize the society by dispatching its members to recruit new Muslim Brothers through social services."⁸

More theoretical work in this cluster draws from the literature on social movements. Wickham's intricate *Mobilizing Islam* spells out the logic particularly well. Most social movement literature, she notes, is set in contexts where movement participants confront very little risk. Not so for Islamic activists in Mubarak's Egypt, who faced harassment, imprisonment, torture, and death for affiliating with the Islamic movement. In order to overcome these aversions, Islamist activists consciously re-formulated and re-interpreted Islam to embed a more activist conception of religious practice in the population. Through interaction with the "parallel Islamic sector" composed of schools, clinics, mosques, study circles,

⁸Eric Trager, "Why Egyptians Don't Want Another Revolution," *Politico*, January 26, 2015. Available online at: <http://www.washingtoninstitute.org/policy-analysis/view/why-egyptians-dont-want-another-revolution>. Accessed January 27, 2015.

community associations and the like, individuals encountered a new version of Islam. These interpretations, Wickham continues:

challenged the dominant trend of noninvolvement in public life. Against the 'rational' idea that voting and other forms of political action were a waste of time, the Brotherhood *da'wa* asserted that every Muslim must contribute to the task of Islamic social and political reform...the *da'wa* helped convert a passive political stance to an active one (2002, 171).

Conditioned to accept higher risks by their new interpretation of Islam, these Egyptians were more apt to join the movement. Although Clark (2004) lacks the explicit focus on mobilization that marks Wickham's study, her characterization of Islamic social institutions as nodes on a dense network of middle class Islamic activism to some extent overlaps with Wickham's mechanism of ideological change. Specifically, while prosaic needs to find property, obtain permits, and hire staff dominates the story, Islamic facilities also diffuse Islamic ideologies among those middle class individuals who work or are otherwise involved in the enterprise (see also Wiktorowicz (2004, 11)).

While they start from the same puzzle (high-risk activism), another group of scholars study the role of social services in Islamist mobilization more instrumentally. Specifically, they ask how the Brotherhood has been able to build a high-quality membership and prevent free-riding, where individuals enjoy the benefits of participation without contributing (Olson 1965/2009, 72). In this telling, Islamists' social service facilities provide exclusive material benefits, so-called "selective incentives," which entice potential members to join or remain members of the organization (Oliver 1980). In their careful spatial study of non-state service provision in Lebanon, Cammett and Issar noted how organizations that prioritize more dangerous extra-institutional competition- strikes, demonstrations, even violence (such as Hezbollah) tend to limit provision to members (2010, 2014). In

his study of the Muslim Brotherhood's early years, Munson found that social service provision "played an important role in rapidly attracting new members... They helped overcome potential free-rider problems within the organization, as resources such as schools and clinics served as selective incentives for Muslim Brotherhood members and potential recruits" (2001, 501).⁹ Eli Berman uses insights from economics and the sociology of religion to suggest that the Brotherhood's provision of these services may help it maintain cohesion and prevent defection (2011, 2008). Indeed, there is a longstanding practice in the Brotherhood, as in other Islamic groups, for the organization to step in and provide for the families of members killed or imprisoned.¹⁰

While the ideological and material variants of the mobilization theories above rely on different causal mechanisms, a spatial implication that they share is that there should exist a correlation between clusters of Brotherhood membership and the facilities' locations. This is because these facilities must positively discriminate in favor of those inside the movement (in other words, to give Muslim Brotherhood activists priority). If everyone received the same care, then these facilities would actually *exacerbate* the free-rider problem they supposedly solve, by allowing non-members to enjoy the benefits of these facilities without making the commitment to the broader movement. While spatial data cannot speak to some types of discrimination- for instance free or reduced priced care for members- it can test others, particularly spatial discrimination. One implication may be that these facilities are more prevalent in the Brotherhood's neighborhoods, effectively reducing the distance members have to travel to receive care. This is not trivial, as

⁹While mainly focusing on the ideational role of the services, Wickham too allows that more traditional selective incentive explanations may also apply (2002, 153).

¹⁰Author Interview, Mohammed Soudan, Foreign Relations Secretary, Freedom and Justice Party, November 6, 2012.

proximity to medical facilities constitutes a significant barrier to equitable health care provision in the developing world (Akin et al. 1985).

- *Islamisation*

Others argue that these facilities are part of the Brotherhood's general strategy to Islamize Egyptian society. For instance, in her work on everyday life in Cairo, Salwa Ismail discusses the role of what she calls the "moral subject" in Islamic provision of charity. As she tells us, "to qualify for assistance, the subject must produce herself not only as supplicant but as a deserving one in both material and moral senses" (2006, 77). Atia similarly examines the ability of these facilities to shape individual-level religious belief: "direct aid comes with an obligation to attend religious and disciplinary lessons, inextricably linking Islamic charity to *da'wa*" (2013, 75). And Tal claims that "acceptance into the Brotherhood's institutions required the pupil's mother to wear a veil and recite certain chapters from the Qu'ran by heart" (2005, 47). If this argument were true of the Brotherhood, one piece of evidence would be a correlation between the location of these facilities and concentrations of individuals with conservative Islamic beliefs, though not necessarily members of the Muslim Brotherhood.

- *Social Service Provision as State Subversion*

As noted in chapters one and two, a common way to describe the Islamist project is as an "alternative" or a "state within a state." Sheri Berman (2003) provides the most elaborate argument. The Brotherhood's provision of social services, she argues, substitutes for the state by stepping in where the state is unable, or unwilling, to provide. In so doing, the Islamists win citizens loyalty while simultaneously sapping the legitimacy of the current government (Al-Awadi 2005,

2004). Not only does this Islamize the society, it paves the way for revolution by weakening existing institutions of governance and alienating citizens from traditional political activism.

While Berman draws on Huntington's classic work linking political institutions to stable governance (1968), other scholars have made essentially the same argument but drawn from different theoretical antecedents. For these authors, Islamist social service provision is a classic example of a Gramscian "war of position," of fighting against the state in those arenas where it is weakest (Bayat 2007a, 136). Being unable to contest the state in the formal realm of politics, the Islamists "bypassed the state" (Davis and Robinson 2012) and reoriented their struggle towards civil society. Wiktorowicz and Taji-Farouki studied Islamist social activism in Jordan and found that "rather than directly confronting the state or participating in formal politics, Islamic NGOs are engaged in social struggle at the level of cultural discourse and values" (2000, 686). One spatial implication of these argument is that the Brotherhood's social service institutions should cluster in those neighborhoods and hamlets where the state is weakest.

Political Islam without Politics?

Despite their varying empirical predictions, the above theories generally align on one point- that the institutional characteristics of Egypt's authoritarian electoral system had little influence over how Islamists distributed social services. Of course, each theoretical cluster leaves room for electoral *effects*- for instance, all would potentially agree that these social services can drive electoral support for the Muslim Brotherhood. Yet in each case, these electoral effects would be a more-or-less auxiliary consequence of a deeper strategy of delegitimizing the regime,

recruiting activists, or serving the poor.

I argue that what many categorize as ancillary by-products are instead profound causes. The Brotherhood's network of social service provision did not develop in isolation from the regime, nor can it be divorced from the ways that Egypt's authoritarian political economy inscribed particular patterns of mobilization across the country's uneven terrain. The socioeconomic cleavage chapter one highlighted is particularly important: while Egypt's regime relied heavily on the support of poor voters, the Islamist opposition mobilized in those middle class constituencies where the NDP was comparatively weaker.

To explore how the interaction between Egypt's socioeconomic realities and political competition shaped the Brotherhood's distribution of social services, the next section briefly describes a complete and original dataset of Muslim Brotherhood candidates in each election cycle for Egypt's lower house of parliament. This dataset draws together the above threads to empirically test the argument that the Brotherhood's social services are part of a strategy of electoral mobilization, while at the same time examining how well the alternative hypotheses hold up. As these tests show, the patterns of political competition combine with underlying socioeconomic variables to strongly predict how and where the Muslim Brotherhood distributes of social services.

The Muslim Brotherhood's Electoral Record, 1976-2010

The Egyptian Muslim Brotherhood has put forward candidates for every parliamentary election since 1976. The only exception was the 1990 elections when the group, in conjunction with nearly every other opposition political party, boycotted the elections in protest of a change in electoral rules. Yet despite the prominence

of the Brotherhood's involvement in Egyptian life and politics during this period, pre-existing accurate statistics on the group's participation in these elections are limited. While there are lists of parliamentarians (i.e. winners)- for instance the directories produced by the *al-Ahram* Center- relying purely on this information for hypothesis testing is potentially problematic. Not only is some of the information conflicting, but the potential for manipulation of electoral outcomes could very likely produce sharply-distorted findings. For instance, areas of strong Brotherhood local networks may be *more* likely to trigger outcome-altering interference from the regime. Thus coding on candidate success may actually reveal not where the Brotherhood's political influence was strongest (because the regime expected a strong challenge there and thus pre-arranged rigging efforts), but those comparatively weaker districts where an under-the-radar surge in Brotherhood turnout caught the regime by surprise.

My original dataset, which includes *ex-ante* details of Muslim Brotherhood candidate entry in addition to *ex-post* win/loss outcomes allows a specific test of how well the Brotherhood's provision of social services converges with or diverges from those electoral districts in which the group felt themselves able, and the underlying structural conditions propitious, to mount a political challenge against the regime.¹¹

To explicitly measure the Brotherhood's record of political contestation, I compute the percentage of times a candidate from the Muslim Brotherhood competed in the electoral district in the four election years between 1995-2010. My theory linking the Brotherhood's provision of social services to their electoral ambitions yields the following hypothesis:

¹¹The dataset notes each candidate's name, their electoral district, and whether they won or lost their race. All told, for the years 1976- 2010 the dataset includes 578 candidates, of which 154 advanced to parliament. Appendix A more fully discusses the dataset.

- *Hypothesis: Districts in which the Brotherhood has competed will be more likely to host Brotherhood social service initiatives.*

Measuring Alternative Hypotheses

In the below analysis the electoral district serves as the unit of analysis. The borders of each electoral district were rendered by reference to the relevant portion of Egypt's electoral law, specifically Law 206 of 1990 (Majls al-Sha'b 1990), using a pre-existing shapefile of Egypt's third-tier administrative subdivisions (*shiyakha*).¹²

I produce the variables to test the aforementioned explanations by using the large-scale Demographic and Health Surveys (DHS) carried out among Egyptian women over the last 25 years. From 1998 onward these survey responses were geocoded (latitude and longitude), making them ideal for capturing micro-level variation in socioeconomic measures across Egypt's towns and cities. For these tests, I draw from the 2008 iteration of the DHS survey, which surveyed 16,527 Egyptian women of childbearing age (15-49) on various health and lifestyle characteristics. After the geocoded response clusters were displayed across the electoral district map above, I used ArcGIS to link each response cluster to the electoral district. Specifically, ArcGIS's "spatial join" function automatically assigns each point (in this case the response cluster) to the polygon (the electoral district) to which it is closest (those responses inside a polygon are given the value of that polygon).¹³ I used the DHS surveys to construct direct and proxy variables to

¹²In Appendix B I discuss the over-time changes to these laws and provide references to the source documents over the period 1976 to 2012. I gratefully acknowledge Hala Bayoumi at CEDEJ in Cairo for her assistance with constructing the electoral maps.

¹³Due to privacy concerns, DHS aggregated multiple nearby respondents into a single "response cluster" (mean=13.07 respondents per cluster) and assigned each respondent the same latitude and longitude. Further, they displaced the exact location of each latitude and longitude cluster be-

measure wealth, state capacity, and Islamic conservatism. I also compiled an spatial dataset of the Brotherhood's protest activity as a proxy measurement of the group's membership density. Each discussion of the specific variables also highlights the associated theory's prediction of the relationship that should appear in the spatial analysis.

Wealth

To capture wealth levels, the DHS administrators produced a multi-component index of household wealth based on a variety of household goods for each respondent. The index was divided into quintiles, with one being the poorest and five being the wealthiest (this measure produced the scatterplot of district wealth in chapter one). The above theories focusing on how Islamic precepts of charity drive social service provision make the following prediction:

- *Hypothesis: There should exist a correlation between poor areas and the locations of Brotherhood social service initiatives*

State Capacity

As a proxy measure of state capacity, I rely on the above-mentioned DHS to generate a statistic of the percentage of unattended births in the district (i.e. those in which a medical professional was not present). The basic premise of the theories, especially the explicitly Gramscian version, suggest that the Brotherhood should concentrate their activism where state infrastructure is weak, and avoid areas where the state is strong:

tween 2km (urban clusters) and 5km (rural clusters) to further ensure respondents' confidentiality. Because this was done randomly (by DHS), there is little evidence of systematic bias.

- *Hypothesis: There should exist a correlation between areas with a high percentage of unattended births and the locations of Brotherhood social service initiatives*

Religiosity

To capture the prevalence of conservative beliefs among Muslims, I identify all Muslim female respondents in the DHS survey who agree that female genital mutilation is a religious obligation (this measure produced the scatterplot of religiosity in chapter one). While this measure is imperfect, it must be judged against the lack of comparably-useful subnational data on religiosity.¹⁴ If these facilities do produce a potent ideological shift among their clientele, this should be detectable in the data:

- *Hypothesis: There should exist a correlation between areas with a high percentage of conservative Muslims and the locations of Brotherhood social service initiatives*

Membership Density

In addition to data drawn from DHS, I also assemble a new proxy measure of subnational variation in Brotherhood membership density. Specifically, following the July 3, 2013 military coup the Muslim Brotherhood embarked on a strategy of sustained street protest (demonstrations, human chains, and sit-ins) (Ketchley 2013). I geocoded a list of 1067 Friday anti-coup/pro-Brotherhood protests across Egypt from July to December 2014 collected by the www.coupmonitor.com

¹⁴Clark (2004, 46) argues that Islamic clinics appear in areas with a high percentage of Christians. Using a district-level measure of sectarian balance (percentage of Muslim respondents) I find no support for this argument. I do not include these results in Table 3.1 because this measure and the above-described measure of Islamic conservatism are highly collinear. For these results, please contact me directly.

website.¹⁵ If theories linking Islamist social service provision to recruitment and high-risk activism are correct, this variable should capture the relationship.

- *Hypothesis: There should exist a correlation between areas with a high density of pro-Brotherhood protests and the locations of Brotherhood social service initiatives*

Table 3.1 includes three models. For all, the dependent variable is the presence (1) or absence (0) of a medical facility in the electoral district.¹⁶ This measure was constructed by using each facility's specific latitudes and longitudes to locate each facility across the map of Egypt's electoral districts. With the coordinates in hand, ArcGIS's "spatial join" function again automatically assigned each point (the facility) to the polygon (electoral district) in which it was located.

Model one includes basic socioeconomic variables, excluding a measure of the group's political contestation. Model two introduces additional variables measuring the density of Islamic activist networks in the district (protest activity) as well as the Brotherhood's electoral history there (percentage of time a Brotherhood candidate contested the district). The third model adds a log-transformed variable of registered voters per district to proxy for district size (Rabie and 'Azbawi 2006). Note that the parliamentary directory did not supply voter information for six districts, dropping the number of observations from 222 to 216 in model three.¹⁷

¹⁵Coupmonitor draws the data from Egyptian Arabic-language traditional and social media. They also supply the links to the source documents.

¹⁶Neither a linear regression model with a log-transformed count variable (medical facilities per district) nor a rare events logit (Tomz, King and Zeng 2003) yields substantively different results.

¹⁷Including this measure in model one has no substantive effect.

Table 3.1: Regression Results, Distribution of Brotherhood Medical Facilities

	Presence/Absence of an IMA Facility		
	(1)	(2)	(3)
Islamic Conservatism	-1.136 (-0.81)	-1.966 (-1.30)	-1.992 (-1.31)
Wealth	1.397** (3.12)	1.133* (2.31)	1.230* (2.40)
Percent Births Unattended	2.771 (1.33)	2.201 (0.98)	2.082 (0.93)
Brotherhood Political Contestation		3.172* (2.43)	3.040* (2.26)
Brotherhood Protest Events		-0.0142 (-0.54)	-0.0227 (-0.79)
District Population			0.574 (0.69)
Constant	-7.041** (-3.20)	-6.633** (-2.92)	-13.59 (-1.32)
Pseudo R^2	.1985	.2009	.2069
N	222	222	216

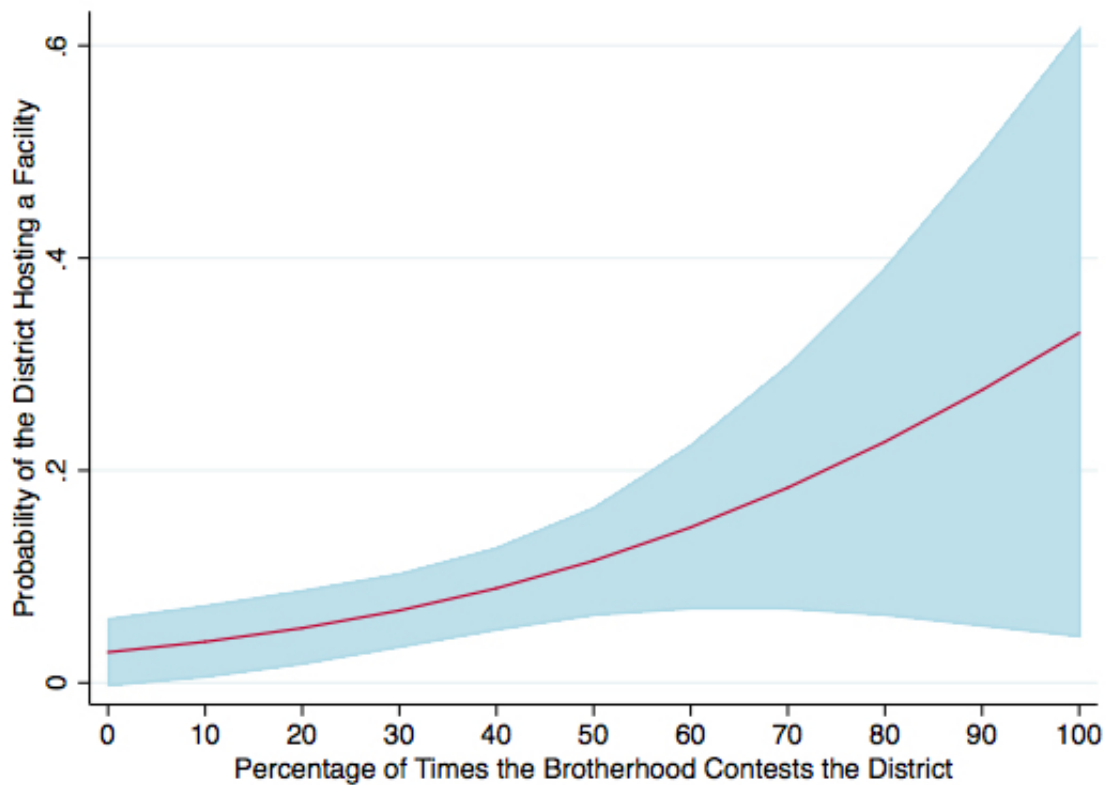
t statistics in parentheses

* ($p < 0.05$), ** ($p < 0.01$)

Interpretation

The strongest support for this dissertation's theory emerges from the positive correlation between the location of a medical facility and those districts where the Brotherhood most frequently put forward candidates for Parliament. This is strong evidence that the group's political ambitions and social service efforts ran in tandem. In contrast, the results of these statistical tests yield little support for alternative hypotheses. The placement of Muslim Brotherhood medical facilities does not spatially correlate with patterns of Brotherhood recruitment (measured by pro-Brotherhood protest activity), Islamic conservatism (measured by religious-based support for female genital mutilation), or areas where the state is weak (measured by percentage of unattended births).

Figure 3.3: Predicted Probabilities, Existence of a Brotherhood Medical Facility



We can further interpret the relationship between political contestation and social service provision by examining the predicted possibilities. Figure 3.3 plots how an increase in political contestation (specifically the percentage of time a Brotherhood candidate contests the district) changes the probability that a medical facility will appear in that district. According to the dataset, the mean percentage of times a Brotherhood candidate stood for election in a district during the years 1995 - 2010 was 29.79% (min = 0%, max = 100%). As this curve shows, moving one standard deviation (22.09) around this mean produces an over 300% increase in the probability of a medical facility appearing in a district, from 3.6% to 12%.

The positive correlation between district wealth and the locations of facilities

is notable for a number of reasons. Primarily, it confirms the qualitative evidence from the prior chapter: that the IMA's founders explicitly designed the organization to target those who could pay for the care. The finding also supports Clark's conclusion based on a study of Islamic clinics in Cairo, that "Islamic social institutions are run by and for the middle class- this process not only neglects the poor, it often comes at the expense of the poor" (2004, 4). Yet the correlation with the Brotherhood's electoral ambitions adds a critical piece to Clark's argument: it is not simply middle class locales, but ones with a history of Brotherhood electoral contestation that host these facilities.

In terms of hypothesis testing, the positive correlation between wealth and presence of a facility is "doubly decisive" in the sense that as it confirms one hypothesis it falsifies another (Van Evera 1997, 32). The finding that the wealthier the district, the more likely it is to host a facility is powerful spatial evidence against the charitable/ideological hypothesis, which predicts these facilities should serve the poor. At the same time, the positive correlation supports chapter one's argument that Egypt's authoritarian political economy squeezed political competition into middle class areas, and that this powerfully influenced the Brotherhood's strategy of social service provision.

In addition to testing theories of charity, a further consideration of these facilities' demonstrated spatial bias towards middle class areas also shows that theories connecting the Brotherhood's social service provision to electoral support through simple clientelism are misguided.¹⁸ In other words, a reputation-based theory of

¹⁸Ed Husain, "Is The Muslim Brotherhood Bribing Voters in Egypt?" *The Arab Street Blog*, November 9, 2011. Available online at: <http://blogs.cfr.org/husain/2011/11/09/is-the-muslim-brotherhood-bribing-voters-in-egypt/>. Accessed December 1, 2014; Eric Trager, "The Muslim Brotherhood Won an Election, but is it Really Democratic?" *The New Republic*, June 26, 2012. Available online at: <http://www.newrepublic.com/article/104412/eric-trager-muslim-brotherhood-won-election-it-really-democratic>. Accessed December 1, 2014.

electoral mobilization and an alternative theory of exchange-based clientelistic linkages would *both* predict the observed spatial correlation between the social service facilities and districts with intense Brotherhood political contestation. Yet they offer *opposing* predictions about the socioeconomic profile of these locales. Specifically, clientelist appeals should most strongly target the poor because that audience offers the greatest “bang for the buck” to a resource-maximizing machine (Calvo and Murillo 2004, Diaz-Cayeros, Magaloni and Weingast 2006). Indeed, as chapter one showed, the National Democratic Party was so effective at executing this very strategy that *they forced their competitors to abandon it*. The results in Table 3.1 results refute the clientelist argument by showing how the Brotherhood facilities tend to exist in areas that are not normally bastions of clientelist mobilization.

In contrast, the middle-class emphasis supports the reputational argument. A number of scholars have discussed how, in less-than-democratic settings, the economic security of the middle class effectively allows them to opt-out of clientelist voting and instead follow their ideological preferences (Masoud 2014*a*, Chandra 2007, Greene 2007, Diaz-Cayeros, Magaloni and Weingast 2006, Magaloni 2006). To preview the findings of chapter five, the power of these facilities to drive electoral support for the Brotherhood comes from their ability to signal Brotherhood candidates’ honesty, competency, and approachability. Put differently, the Brotherhood’s social services generate a powerful electoral effect because they work by changing the preferences of middle class voters, convincing them that the atmosphere in the Brotherhood’s social services portends the group’s approach to governance.

An additional divergence between the charity or clientelism hypotheses and the theorized reputational mechanism concerns the internal operation of these

facilities. Simply, if these facilities are engaged in something like charitable provision, clientelist outreach, or risky participation in movement activism they should also exhibit some mechanism to discriminate amongst users.

The Business of Islamist Social Service Provision

The risk of an ecological fallacy cautions against drawing conclusions about *who* visits these facilities from the above data on *where* these facilities exist. To help mitigate this risk, this section introduces interviews with IMA managers and employees, as well as internal managerial documents, to test additional and finer-grained empirical implications of the above theories.

Many theories about Islamist groups' social service provision, from charity, to clientelism, to recruitment, predict the existence of substantial outside funding, such as wealthy donors, extensive fundraising, or party-based resources. These would, in effect, subsidize these facilities and allow them to distribute their services without requiring monetary payment. These same theories predict that the facilities should actively discriminate, either against those who do not support the Brotherhood politically (as in clientelism), or in favor of those who are part of the Muslim Brotherhood (as in recruitment). I found little evidence to support either of these implications. Instead these facilities operate essentially as businesses, where the vast majority of beneficiaries pay, in cash, for the services they receive and discrimination is absent.

The prior chapter showed how the IMA is registered as a non-governmental association under Law 32 of 1964. Yet these facilities essentially function as for-profit businesses (although the organization does not make a profit from its facilities- any end-of-the-year surplus is re-invested into the network). The only

considerable episode of donation-based funding was the campaign to establish the Islamic Hospital. This was the exception rather than the rule. The vast majority of visitors to IMA facilities pay, in cash, for the services they receive.¹⁹ Indeed, according to an IMA executive, patient fees account for approximately 98% of the organization's total budget.²⁰

At IMA facilities common services are not prohibitively expensive: to see either a general practitioner or a specialist individuals purchase a ticket upon entering the facility. The prices of these tickets fluctuate somewhat depending on the socioeconomic area of the hospital, but usually average around three or four dollars for a generalist. More extensive care, however, entails additional expense. In these situations, the patient will usually split the outlay between the doctor and the facility. For instance, for surgeries around 1/2 of the patient's fee goes to the hospital while 1/2 goes to the doctor themselves.²¹ Nearly all facilities also include an associated pharmacy where commonly prescribed drugs are for sale at competitive prices.²²

As the emphasis on paying customers suggests, the IMA operates cautiously, ensuring that the area can support a clinic and only later expanding the facility, purchasing new equipment, or hiring new doctors as the financial means become available.²³ The facilities do provide a degree of charity care, although the poor must navigate a relatively extensive bureaucracy in order to access it. Most of the poor patients come pre-referred through an existing mosque, charity organization, or wealthy person in the area known for their sponsorship of the poor (*Ahl*

¹⁹All donations are tracked, and individuals who donate receive numbered receipts. Author interview, IMA Employee G, October 31, 2012.

²⁰Author Interview, IMA Executive A, January 15, 2013.

²¹Author Interview, IMA Facility Manager A, May 11, 2013; Author Interview, IMA Employee C, May 9, 2013.

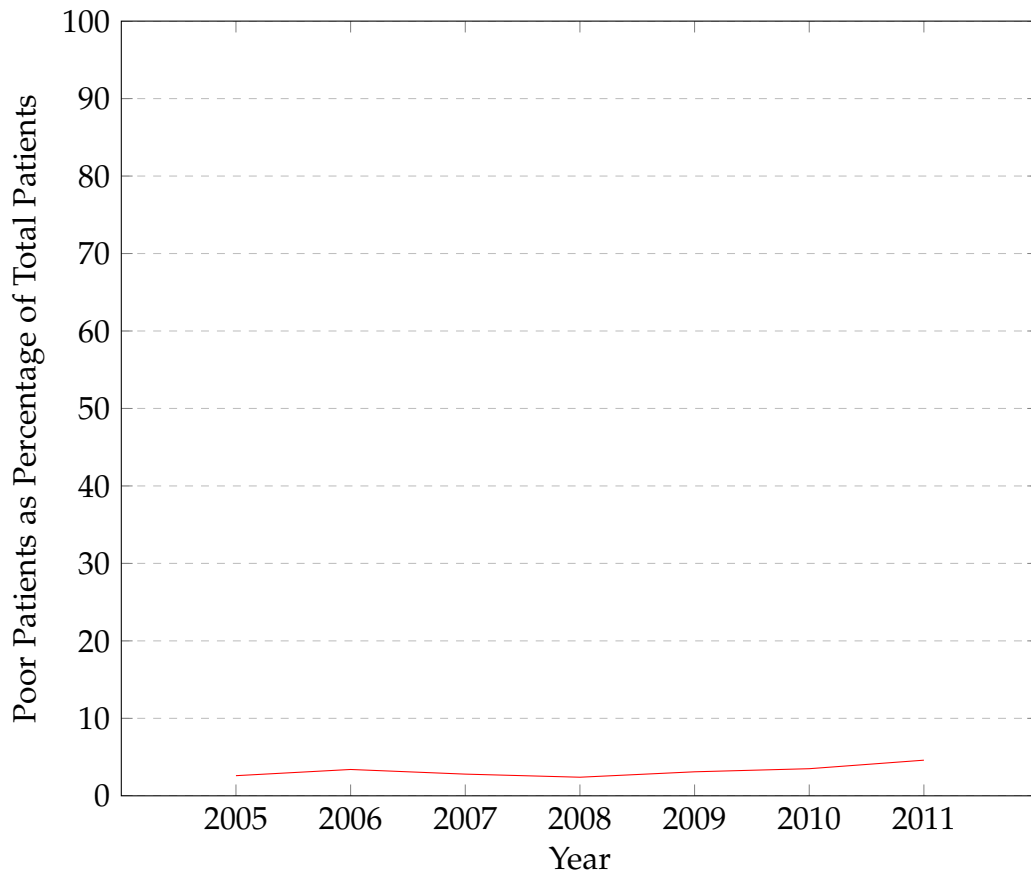
²²Author Interview, IMA Employee F, October 31, 2012.

²³Author Interview, IMA Employee G, October 31, 2012.

al-Khayr, lit. “Person of Good”).²⁴ If the poor patient is a walk-in they are still eligible for reduced prices, but they are first investigated by the specific hospital’s “public relations” committee to determine whether or not they are truly needy.²⁵

IMA balance sheets for the period 2005- 2011 show how these facilities overwhelmingly cater to a middle class, paying clientele. For each facility these documents provide the raw number of “poor” patients who received care. As Figure 3.4 shows, during this period, never more than 5% of patients at the IMA’s medical facilities fell into this category.

Figure 3.4: Annual Percentage of Poor Patients, 2005-2011



²⁴Author Interview, IMA Facility Manager D, February 2, 2013; Author Interview, IMA Employee A, February 2, 2013.

²⁵Author Interview, IMA Employee C, May 9, 2013. Some hospitals reported consistent problems with patients selling free or subsidized medicine on the black market.

The IMA's emphasis on fiscal sustainability is an important antecedent condition to the ability of these facilities to generate such a powerful reputational effect. The IMA's solid customer base allows them to pay their staff competitive salaries rather than relying on volunteers (in fact, there are no volunteers in the IMA network).²⁶ However, as with most other NGO or charitable facilities, nearly all doctors in the IMA network have "day jobs" in government or private hospitals. Nurses and technical staff are full-time, however their salaries do tend to be lower than in private sector facilities.²⁷ Particularly for doctors, these relatively generous salaries generate a high demand for work at the Islamic Medical Association's facilities, allowing the IMA to be relatively selective and hire those medical professionals with the requisite blend of technical and interpersonal skills to maximize the patient experience.²⁸

Care For All

The IMA's businesslike operation is not only at odds with the empirical predictions of charity-based theories, it also casts doubt upon clientelist and recruitment-based arguments. Specifically, if these facilities were engaged some form of clientelism, then the Brotherhood should be able to withdraw access if beneficiaries defect at the ballot box. Likewise, if these facilities were a form of selective incentives designed to recruit or retain members, then the Brotherhood should discriminate against non-members (otherwise these facilities exacerbate the free-rider problem they supposedly solve). The proposed reputational mechanism, in

²⁶Author interview, IMA Executive A, January 23, 2013.

²⁷Ahmed Hasan, "Azza Musa: Uqadim Mumarida Tahki Tajribataha ma'a al-Gam'iyya al-Tibiyya al-Islamiyya (Azza Musa: A Nurse Discusses her Experiences with the Islamic Medical Association)," *al-Hikma*, December 2012, p. 21.

²⁸Author Interview, IMA Employee D, May 11 2013.

contrast, generates precisely the opposite prediction: discrimination of any type would directly contradict the ability of these facilities to signal compassion and approachability.

While it is possible that managers, doctors, and staff were able to conceal their discrimination either in favor of the Muslim Brotherhood or against the group's political opponents, I found no evidence of these practices at the Islamic Medical Association facilities. In the historical record, IMA founder al-Malt repeatedly noted that the IMA would never discriminate. In one interview, he drew parallels between the IMA's mission and that of the Brotherhood's treatment of Jews wounded in fighting at Ramla and Ramallah during the 1948 Palestine War (al Malt 1993, 178).²⁹ The Islamic Charity Hospital, he told readers of *al-Da'wa*, "is open to every sick person regardless of color, nationality, or denomination."³⁰

The IMA's credo was prominently posted in each facility I visited: "To draw closer to God the Almighty through medical work...with compassion for the patient without respect to his ability to pay, social status, type of disease, without discriminating on the basis of color, nationality, or religion (Shamakh 2011, 86)."³¹ In interviews, doctors and managers not only rejected the idea of discrimination, but visibly bristled when asked about it. As one of the IMA's executives claimed, "we give care to all the people, the services of the Islamic Medical Association are for all. Its not about whether you are a Christian or Muslim; a Muslim Brother

²⁹For al-Malt's personal history in this conflict, see Reda Abdel Wodood, "Safahat Khalida min Hayat al-Tabeeb al-Mujahed Doctor Ahmed al-Malt, (Immortal Pages from the Life of the Mujahid Doctor, Dr. Ahmed al-Malt)," *al-Hikma*, No. 18 (July 2012), p. 26.

³⁰Ahmed al-Malt, "Nidaa' Illa al-Muslimeen: Mashrou' al-Mistashfa al-Islami (Call to the Muslims: The Islamic Hospital Project)," *al-Da'wa*, No. 47 (March 1980), p. 63. See also "Tassawulat Hawal: al-Jam'iyya al-Tibiyya al-Islamiyya (Questions about the Islamic Medical Association)," *al-Da'wa*, No. 29 (October 1978), p. 42.

³¹See also the short video, "Muqaddimat al-Jam'iyya al-Tibiyya al-Islamiyya (Introducing the Islamic Medical Association)," N.D. (Uploaded February 3, 2013). Available online at: https://www.youtube.com/watch?v=6PKj51Kgt-I&feature=youtube_gdata. Accessed May 1, 2013.

or not a Muslim Brother.”³² Mohi al-Din al-Zeit, director of the Central Charity Hospital, explained that “yes we are Muslim Brothers, but here I am a physician. I remove any political affiliation...the patient here is a human being, and I am a physician. There is no political orientation or social class.”³³

The IMA’s internal promotional materials drive home this theme. The cartoon reproduced in Figure 3.5 is from the Islamic Medical Association’s pamphlet series, this one discussing the idea of justice or fairness (*‘adl*) in a medical setting.

Figure 3.5: Cartoon, Islamic Medical Association Pamphlet



The text at the top reproduces the organization’s credo of non-discrimination: “providing medical services at a high level, without discriminating against the patient based on creed, nationality, race, or (social, economic, or cultural) class, this is the mission of the IMA.” The cartoon itself drives home the point. The

³² Author Interview, IMA Executive A, January 15, 2013.

³³ Author Interview, January 19, 2013.

patient is heartily thanking the medical staff (“thanks a million!”), while the nurse asks the doctor “what’s with all the attention you’ve paid to Mr. George (Girgis) the *bawwab* (doorman)? Is he a friend of someone important?” The ostensibly Muslim doctor replies “This is what Islam means by justice.” The cartoon is making the point that the Mr. George is an unlikely character to receive such attention from the doctor: he is both poor (judging by his profession and his patched clothes) *and* Christian (judging by his name and the fact that his wife’s hair is uncovered). This explains the nurse’s suspicion that the doctor treated the man only because someone important called in a favor.

In fact, the only data that potentially supports the discrimination hypothesis came from examining copies of the Muslim Brotherhood’s newspapers from the pre-World War II period. In some issues from the mid-1930’s a doctor (“Ibrahim Abu Sunnah”) advertised a 50% discount for members of the Brotherhood at his clinic.³⁴ Even in these cases it is not clear that the effort is anything more than one doctor’s marketing strategy. Dessouki and al-Abadi open their discussion of the founding of the Brotherhood’s medical section in 1944 by mentioning that “therefore the Brotherhood decided to establish a general charity clinic, opening their doors to all trends of society (*kul tawa’if al-sha’b*) (2013, 19). Likewise, in his valuable account of the Brotherhood’s social service activity during the pre-war period, Zaki specifically dispels the rumor that these facilities discriminate: “It is worth mentioning that every one of these facilities is for all, Egyptians and foreigners, Muslim and non-Muslim. One should not think that these are services for the Brotherhood only” (1980, 216).

The above section’s interviews, observations, and administrative documents

³⁴See, for instance, *Jaridat al-Ikhwan al-Muslimeen*, February 28, 1935, p. 15 and *Jaridat al-Ikhwan al-Muslimeen*, May 21, 1935, p. 39.

all contradict arguments that the Brotherhood's social service provision is a strategy of charity, ideological transformation, clientelist mobilization, or recruitment. Instead, balance sheets from the facilities and interviews with staff establish that these facilities function primarily on a business model, in which nearly all beneficiaries pay, in cash, for the services they receive. Cash payment allows the facilities to offer competitive salaries that attract technically competent and dedicated employees. It also incentivizes the IMA to provide high-quality care to remain competitive against alternative for-profit providers. Second, as the focus on fiscal sustainability suggests, there is no evidence of discrimination at these facilities. Instead, the IMA keeps these facilities open to all, ensuring the widest possible exposure to the Brotherhood's politically potent message of honesty, capability, and approachability.

Conclusion

Under Hosni Mubarak's authoritarian regime, the Brotherhood's extension or withholding of social service provision was embedded in broader strategies of electoral contestation. Original spatial data, including a comprehensive nationwide dataset of IMA facilities, demonstrates that the Muslim Brotherhood's facilities were most likely to exist in those middle class districts where Brotherhood candidates competed in elections for Egypt's lower house of parliament. In contrast, these data do not support alternative theories positing that motivations of charity, recruitment and mobilization, Islamization, or revolutionary subversion drives the Muslim Brotherhood's provision of social services.

Qualitative evidence, including interviews with managers and internal documents reveal how these facilities effectively function as businesses. In fact, for the

years 2005-2011, less than 5% of the visitors to these facilities were poor. Not only does these facilities' middle class bias refute hypotheses of charitable provision, the emphasis on providing non-discriminatory services for paying customers repudiates theories of both clientelist exchange and recruitment. Instead, these facilities' prioritization of a middle class customer base incentivizes them to provide consistent, capable, and technically adept care- a politically powerful image that redounds to the Brotherhood's benefit at election time.

Although these facilities operate on a business model, as the spatial correlation with electoral districts shows how they are far more than simple for-profit ventures. The next chapter examines how the Muslim Brotherhood integrated these facilities into their strategies of electoral outreach, and how these facilities produced notable on-the-ground effects on patterns of political mobilization. In other words, this chapter has demonstrated that the Brotherhood's deployment of social services is a political strategy. The next chapter reveals how this provision *works* on election day.

Chapter 4

Mr. Morsi's Machine

Two empirical implications follow from the finding that the spatial distribution of the Muslim Brotherhood's social services is consistent with a logic of electoral mobilization. First, linkages should exist between candidates and the facilities in these districts. As the chapter's first sections show, during periods of both autocracy and democracy, many of the Muslim Brotherhood's candidates in districts with IMA facilities were linked to those facilities- as manager, employee, funder, or founder. Second, if these facilities contribute to the Muslim Brotherhood's electoral success, then neighborhoods with an IMA facility should support Brotherhood candidates at higher rates than neighborhoods without. By overlaying geolocated ballot-box data for the 2012 presidential election between Mohammed Morsi and Ahmed Shafiq with the location of IMA facilities, the chapter's final sections reveal the local effect of social service provision on the Muslim Brotherhood's political fortunes.

Whereas the preceding chapter explicitly tested the theory against alternatives, this chapter is focused on satisfying empirical implications that follow from the finding that the Brotherhood's social services emerge in electorally-competitive districts. Put differently, the chapter is a "plausibility probe," an "attempt to establish that a theoretical construct is worth considering at all, that is, that an apparent empirical instance of it can be found" (Eckstein 1992, 148), (King, Keohane

and Verba 1994, 17-18). While the chapter does not, on its own, rule out alternative explanations for the Brotherhood's social service provision, in the context of the prior chapter's analysis it increases confidence in the argument connecting the Brotherhood's provision of social services to a broader strategy of electoral mobilization.

Linkages Between Candidates and Medical Facilities

From Anwar El-Sadat's re-establishment of limited multiparty political competition in 1976 to the February 2011 fall of Hosni Mubarak, the Muslim Brotherhood fielded nearly six hundred candidates for Egypt's lower house parliamentary elections.¹ While these candidates won (or lost) for a variety of reasons, one implication of the prior chapter's finding that social service provision is connected to political mobilization is that there should exist linkages between the Brotherhood's candidates and the IMA facilities in the districts which they contested.

In the 1980s a number of Muslim Brotherhood candidates played critical roles in the IMA. For instance, the Imam of the Sayyida Zeinab mosque in Cairo, Mohammed Metrawi, helped establish the IMA's clinic at that mosque, and would later emerge as a powerful member of the Brotherhood's parliamentary bloc (Hilal 1987, 172).² Former IMA president Lutfi Shahwan ran in Sharqiyya's first district in the 1987 elections at the top of the Islamic Alliance's list.³ Essam el-Erian and Helmi el-Gazar, prominent early members of the IMA, ran for seats in Giza in the

¹Appendix A covers this history in detail.

²Mohi al-Deen al-Zeit, "Rajal Min al-Khalideen bil-Amalu (An Immortal Man through His Work)," *Ikhwanwiki*, N.D. Available online at: <http://goo.gl/SNDmUv>. Accessed January 27, 2014.

³"al-Murshid al-'Aam Ya'ani Dr. Lutfi Shahwan (The General Guide Mourns Dr. Lutfi Shahwan)," *Ikhwanonline*, August 7, 2008. Available online at: <http://www.ikhwanonline.com/new/Article.aspx?ArtID=30863&SecID=0>. Accessed June 1, 2015. See also Masoud (2014a, 77).

Figure 4.1: Establishment of the *Salaheddine* Hospital, 1983 (*Ikhwanwiki*)



1987 elections.⁴ Figure 4.1 shows the 1983 founding of the Salaheddine Hospital in Khanka, in Qaloubiyya governorate. Pictured is the IMA's founder, Ahmed al-Malt (sitting in the middle, leaning forward) and, seated to his left is Ezz al-Arab Fouad, who would in 1987 would be elected to parliament from the district in which the *Salaheddine* Hospital was being built.⁵

Turning to the period 1995-2010, many of the Muslim Brotherhood's candidates for office were prominently linked to IMA facilities. In the Delta they included Gamal Heshmat, the longtime Brotherhood parliamentarian from Beheira, who not only served on the IMA's national board of directors, he also presided over the board of directors of the IMA's *Dar El-Salaam* hospital in his district.⁶ Four-time Muslim Brotherhood candidate Ashraf Badr al-Din, from Menoufiyya,

⁴El-Erian won, el-Gazar lost. See "Isma' al-Murashaheen 'ala Qawaim Hizb al-Amal, (Names of Candidates on the Labor Party's List)," *al-Sha'b*, March 10, 1987, pg. 7.

⁵Picture from *Ikhwanwiki*, available online at: <http://goo.gl/YEbulp>. Accessed July 12, 2015. Other Muslim Brotherhood parliamentarians in the picture include Gamal Heshmat, who would be elected multiple times from Beheira (the speaker, standing) and AbdelMoneim Abu El-Fotouh, who ran in Cairo in 1995 (sitting to Malt's immediate right).

⁶Campaign Biography of Mohammed Gamal Heshmat, 2000 elections. Available online at: <http://albehira2000.faithweb.com/Pages/heshmat.htm>. Accessed October 23, 2014.

was founder, member of the board of directors, and past president of the *Mowasah* Association, in addition to being the “founder of the *Mowasah* hospital.”⁷ Mohammed Ali Bishr, who ran for parliament in 2005, had also been president of the *Mowasah* Association.⁸ Abdelfattah Hassan Mahmoud, the Brotherhood’s deputy for 2005-2010 from the Qaloubiyya district of Shibin al-Qanatir, noted how he “offered a week of free medical care for the needy in collaboration with *Rahma* Hospital (located in that district).”⁹ In 1995 (and again after the fall of Mubarak) Hesham al-Souli contested elections for the Brotherhood in Ismailiyya, where he worked as director of the *al-Amal* charity hospital.¹⁰ In the upper Egyptian governorate of Assiut, Brotherhood candidate Mohammed Abdel Raziq touted his role as “one of the founders the *Abu al-Nasr* Charity Hospital.”¹¹

The linkages were also dense in the Cairo-Giza metropolis. Abdel Moneim Dahrouj helped establish the IMA’s *Tawba* Hospital in the same Cairo district where he ran in 2005.¹² Longtime Brotherhood candidate Hazem Farouq, from the central Cairo district of al-Sahel, is a member of the board of directors of the *Gamiyat Sharif* (*Sharif* Association). The *Sharif* Association owns the building

⁷“Muhandis Ashraf Badr al-Din: Faris Lagnat al-Mowazanah bi al-Barliman al-Masri (Engineer Ashraf Badr al-Din, A Knight of the Budget Committee in the Egyptian Parliament), *Facebook*, October 5, 2010. Available online at: <https://goo.gl/u3Y1UK>. Accessed October 23, 2014.

⁸Campaign biography available at: <http://www.ikhwanonline.net/data/baralman2005/ikhwan3.htm>. Accessed March 22, 2014. Bishr was also the group’s candidate in 1987 (Siyam 2006, 106).

⁹An archived copy of the announcement is available here: <http://goo.gl/OyhXU1>. Accessed October 22, 2014.

¹⁰“Ta’aruf ‘ala Dr. Hisham al-Souli, Murash al-Hurriya wa al’Adala Fardi (Get to Know Dr. Hisham al-Souli, Freedom and Justice Party Candidate for the Individual Seat),” *Ismailiyya Online*, November 19, 2011. Available online at: <https://www.facebook.com/freedom.justice.ismailia/posts/319474861414439>. Accessed October 22, 2014.

¹¹“al-Marhala al-Ula (Stage One),” *Ikhwanwiki*, N.D. Available online at <http://goo.gl/sDqMbe>. Accessed March 23, 2014.

¹²“al-Marhala al-Ula (Stage One),” *Ikhwanwiki*, N.D. Available online at <http://goo.gl/sDqMbe>. Accessed March 23, 2014.

housing the *Adel* hospital in his district.¹³ As one IMA employee put it, “*Adel* Hospital is affiliated to both the IMA and the *Gamiyat Sharif*.”¹⁴ Mohammed Mansour al-Sayyid, who ran in the Cairo district of Ma’adi, noted how he “helps poor patients through an agreement with *al-Farouq* hospital.”¹⁵ In the south Cairo district of Helwan, al-Mohammedi Abdel Maqsoud was also president of the association “that established the *Hadi* Charitable hospital.”¹⁶ Across the Nile in Giza, Abu Eila Qarni stood for parliament in al-Hawamdiyya in 1995 and 2000, during which time he was the director of the IMA’s hospital in that district (he was also that hospital’s founder).¹⁷

Other Muslim Brotherhood candidates highlighted their ties to the IMA in their campaign biographies. Mohammed el-Beltagy, the high-profile Brotherhood parliamentarian from Shubra al-Kheima in Qaloubiyya, is a former manager of

¹³“al-Marhala al-Ula (Stage One),” *Ikhwanwiki*, N.D. Available online at <http://goo.gl/sDqMbe>. Accessed March 23, 2014.

¹⁴Author interview, IMA Facility Manager D, Feb. 2, 2013.

¹⁵“al-Marhala al-Ula (Stage One),” *Ikhwanwiki*, N.D. Available online at <http://goo.gl/sDqMbe>. Accessed March 23, 2014.

¹⁶“al-Marhala al-Ula (Stage One),” *Ikhwanwiki*, N.D. Available online at <http://goo.gl/sDqMbe>. Accessed March 23, 2014.

¹⁷Ahmed Hasan, “al-Doctor Abu Eila Qarni...Rihla ‘Ataa’ ma’a Mistashfa al-Hawamdiyya (Doctor Abu Eila Qarni...A Voyage of Giving with the Hawamdiyya Hospital),” *al-Jam’iyya al-Tibiyya al-Islamiyya*, December 27, 2014. Available online at: <http://ima-egy.net/media-assembly/596-2014-12-27-00-15-09>. Accessed October 21, 2014. Another member of the Qarni family, Jamal, won the 2005 elections as the Brotherhood’s candidate in that district, helped along by Abu Eila’s campaigning on his behalf (Jamal would contest, but lose, the 2010 elections). See Yasir Hadi, “Abu Eila Qarni Yida’u li-Intikhab Dr. Jamal bil-Hawamdiyya (Abu Eila Qarni Campaigns for the Election of Dr. Jamal (Qarni) in Hawamdiyya),” *Ikhwanwiki*, N.D. Available online at: <http://goo.gl/qmo6cF>. Accessed October 21, 2014; Shaima Galal, “al-Na’ib Jamal Qarni...Khidmat ma’a al-Dawr al-Riqabi wa al-Tashre’ae (Parliamentary Deputy Jamal Qarni...Services along with a Legislative and Oversight Role),” *Ikhwanonline*, October 24, 2010. Available online at: <http://www.ikhwanonline.com/new/Article.aspx?ArtID=72655&SecID=0>. Accessed October 21, 2014.

one of the IMA's hospitals.¹⁸ Likewise, candidates in Alexandria,¹⁹ Dakhiliyya,²⁰ Sharqiyya,²¹ and Cairo²² prominently mentioned in their campaign biographies ties to the IMA.

The collapse of Mubarak's regime in February 2011 further opened Egypt's political spaces to the IMA. Not only did many of the hospitals which had remained closed since the late 2010 wave of repression finally re-open, the IMA quickly signed a roughly one million EGP contract to advertise the organization's facilities on billboards, newspapers, and placards.²³ As parliamentary elections approached in the fall of 2011, more Brotherhood candidates began to advertise their linkages with the IMA. These included Mubarak-era politicians such as Hazem Farouq, Gamal Heshmat, Mohammed el-Beltagy, Hesham al-Souli, and Amir Bassem. Brotherhood politicians-*cum*-IMA figures who had cut their teeth in the 1980s also re-entered electoral politics, including Essam El-Erian in Giza's first district²⁴ and Helmi al-Gazar in Giza's second. Gazar's campaign biography specifically trumpeted his role as "one of the pillars of the Islamic Medical

¹⁸Information Page, Official Facebook page of Mohamed Elbeltagy. Available online at: https://www.facebook.com/dr.mohamed.albeltagy/info?tab=page_info. Accessed October 20, 2014.

¹⁹Hamdi Hassan- see "Ta'aruf 'ala Murashahi Hizb al-Huriya wa al-'Adala bil-Iskandariyya-al-Maqaid al-Fardi (Get to Know the Freedom and Justice Party's Candidates in Alexandria- the Individual Seats)," *Amal al-Umma*, October 19, 2011. Available online at: <http://amlalommah.net/new/index.php?mod=article&id=21780>. Accessed October 21, 2014.

²⁰Khaled al-Deeb- see "Murashahu Hizb al-Hurriya wa al-'Adala al-Maqaid al-Fardiyya bi-Muhafizat al-Dakhiliyya (The Freedom and Justice Party's Candidates for Individual Seats in the Dakhiliyya Governorate)," *Dakhalia Ikhwan*, N.D. Available online at: <http://www.dakahliakhwan.com/viewarticle.php?id=10921>. Accessed October 21, 2014.

²¹Amir Bassem- see the Official Facebook Page of the Freedom and Justice Party in Sharqiyya Governorate, Nov. 15, 2011. Available online at: <https://www.facebook.com/fjpartysharkia/posts/201539526590883>. Accessed October 23, 2014.

²²Gamal Abdelsalem- see "al-Marhala al-Ula (Stage One)," *Ikhwanwiki*, N.D. Available online at <http://goo.gl/sDqMbe>. Accessed March 23, 2014.

²³Author interview, IMA Executive A, May 14, 2013.

²⁴<http://www.imaegy.com/l3.php?id=29>. Accessed October 23, 2014.

Association in Giza.”²⁵ Ali Ezz al-Deen topped the Brotherhood’s lists in Assiut district one, where his biography identified him as the founder of IMA operations in Assiut (home to the *Abu al-Nasr* Hospital).²⁶ During the campaign the Brotherhood and the IMA also combined to host campaign events, and co-sponsored “medical caravans” set up shop at IMA facilities across the country, including in Giza,²⁷ Ismailiyya,²⁸ and Helwan.²⁹

The politicization reached its apex during the Brotherhood’s massive “Together we Build Egypt” social service campaign in early 2013.³⁰ During the six-month long campaign, IMA hospitals and specialized clinics in Giza,³¹ Helwan,³²

²⁵“Murashihi Shamal Giza: Qa’ima, Ramz al-Mizan (List Candidates for Northern Giza, Symbol Scale),” Official Facebook Page of the Freedom and Justice Party in Northern Giza, Available online at: https://www.facebook.com/fjpartynorthgiza/app_137783739663564. Accessed October 23, 2014.

²⁶“Ali Ezz al-Deen,” Official Facebook Page of *Mu’ataqil Hurriya- Assiut*, September 13, 2014. Available online at: <http://goo.gl/ZdzqlK>. Accessed October 20, 2014.

²⁷Image available online at: <http://goo.gl/Eu2Cd0>. Accessed October 22, 2014.

²⁸“Ikhwan al-Ismailiyya Yunazimun al-Qafela al-Tibiyya al-Ashira al-Juma’a al-Qadim bi-Masjid al-Salaam (The Muslim Brotherhood in Ismailiyya Organizes a Medical Caravan the Coming Friday at the Salam Mosque),” *Ismailiyyaonline*, May 23, 2011. Available online at: <http://www.ikhwanismailia.com/ismailia/13971.html>. Accessed October 22, 2014.

²⁹Announcement on Facebook at: <https://goo.gl/KDYd40>. Accessed October 22, 2014.

³⁰Nouran El-Behairy, “Brotherhood Launches National Campaign,” *Daily News Egypt*, January 22, 2013. Available online at: <http://www.dailynewsegypt.com/2013/01/22/brotherhood-launches-national-campaign/>. Accessed November 29, 2013.

³¹Syed Atef al-Jiyar, “Qafela Tibiyya Li-Hurriya wa al-’Adala bil-Badrashin bil-Ta’awun ma’a al-Jam’iyya al-Tibiyya al-Islamiyya (Freedom and Justice Party Medical Caravan in Badrashin in Collaboration with the Islamic Medical Association),” *al-Badrashin al-Youm*, N.D. (2013), Available online at: <http://www.albadrashinalyoum.com/details-2273.html>. Accessed November 29, 2013.

³²See Mohammed Salim, “Markaz ‘al-Shahid’ Yualij 400 Marid wa 75 Yatim bi-Qafela Arab Ghoneim wa al-Manshia bi-Helwan (The Shahid Center Treats 400 Illnesses and 75 Needy Patients in a Caravan in Arab Ghoneim and the Settlements in Helwan),” *al-Jam’iyya al-Tibiyya al-Islamiyya*, June 11, 2013. Available online at <http://www.imaegy.com/l3.php?id=341>. Accessed November 28, 2013.; Mohammed Amin, “Faelat Wasia li-Hamlat ‘Ma’an Nabni Misr’ bi Janoub al-Qahira, (A Wide Range of Together We Build Egypt Activities in South Cairo),” *Ikhwanonline*, February 2, 2013. Available online at: <http://www.ikhwanonline.com/Article.aspx?ArtID=137132&SecID=230>. Accessed November 29, 2013.

Menoufiyya,³³ and elsewhere³⁴ organized open treatment days and awareness-raising campaigns. And just as in the earlier parliamentary election campaign it was difficult to disentangle whether or not the medical care was being offered by a social service organization or a political party. In Qaloubiyya the IMA and the Brotherhood provided a joint medical caravan under the auspices of Ezzat al-Melihi, “a leader of the Muslim Brotherhood, one of the founders of the Freedom and Justice Party in Qalubiyya Governorate, and Director of the Islamic Medical Association in Shibin al-Kom.”³⁵ The Brotherhood set up a similar caravan at the *Salaheddine* hospital, where the director of that facility moonlighted as a member of the Brotherhood’s elections committee in the district.³⁶ As Figure 4.2 shows, there was very little effort to distance (both literally and figuratively) the IMA’s facilities from the Muslim Brotherhood’s political ambitions. The large yellow sign identifies the hospital, while the smaller blue banner underneath announces a joint Muslim Brotherhood- Freedom and Justice Party medical caravan.

³³Reda Abdel Wudud, “Mistashfa al-Mowasah bi Shibin al-Kom Yunazim Qafela Tibiyya fi Itar Hamlat ‘Ma’an Nabni Misr’ (The *Mowasah* Hospital in Shibin al-Kom Organizes a Medical Caravan Under the Auspices of the ‘Together we Build Egypt’ Campaign),” *al-Jam’iyya al-Tibiyya al-Islamiyya*, March 12, 2013. Available online at: <http://www.imaegy.com/l3.php?id=164>. Accessed November 30, 2013.

³⁴Coverage on Facebook at: <http://goo.gl/ABzi8b>. Accessed November 29, 2013; Syed Zaki, “Rabitat ‘al-Anf wa al-Izn’ Tunazim Qafela Tukhassusa bi-Samnoud (The Ear and Nose Section Organizes a Specialized Caravan in Samnoud),” *al-Jam’iyya al-Tibiyya al-Islamiyya*, May 13, 2013. Available online at: <http://www.imaegy.com/l3.php?id=307>. Accessed December 1, 2013.

³⁵Mahmoud Shanqir, “1200 Halat Kushif wa 44 ‘Amaliyat fi Qafela al-Hurriya wa al-Adala bi Shibin al-Qanatir (1200 Cases Examined and 44 Surgeries in a FJP Caravan in Shibin al-Qanatir),” *Hizb al-Hurriya wa al-Adala*, June 24, 2013. Available online at: http://www.fjp.com/ar_print.aspx?print_ID=16161. Accessed November 29, 2013. See also Syed Zaki, “Qafela ‘al-Rahma’ Tualij 600 Marid wa Tajri 8 ‘Amaliyyat bil-Qaloubiyya (Caravan at *al-Rahma* Heals 600 Sick Patients and Carries Out 8 Operations),” *al-Jam’iyya al-Tibiyya al-Islamiyya*, April 23, 2013. Available online at <http://ima-egy.net/branche/197-600-8>. Accessed November 29, 2013.

³⁶See the event flyer at <https://www.facebook.com/FJParty.AbuZaabal/posts/148660765315439> and <https://goo.gl/gtobKg>. Accessed December 5, 2013. See also “Ikhwan al-Qaloubiyya Yunazemoun Hamlat Tawaiya wa Qawafel Tibiyya bi Anwan ‘Ma’an Nabni Misr (The Brotherhood in Qaloubiyya (governorate) Organize Awareness Campaigns and Medical Caravans Under the Slogan ‘Together We Build Egypt’),” *al-Youm al-Sabea’*, January 25, 2013. Available online at: <http://www.youm7.com/News.asp?NewsID=921114&#.U3tkZ1hdXlo>. Accessed November 28, 2013.

Figure 4.2: *Tawba* Hospital, Cairo (Hospital Photo)



In some places the politicization became extreme, as facilities veered from passively displaying campaign materials to actively conditioning services on visitors' political allegiances. From the IMA's point of view, this was dangerous not only because it put their legal status as an NGO in jeopardy, but also for the way it could quickly erode the goodwill the organization had spent decades amassing. Officials at the headquarters in Cairo tried to keep their subordinates in line. In one letter they reprimanded the director of one of their hospitals in the Delta for excessive campaigning on the job. "We do not provide any support to any party or trend or person" it reads, "and we deal respectfully with all of them."³⁷

In the abstract, it may be unsurprising that candidates for political office would trumpet their affiliations and achievements, or that a political party would use its social activities to gain an edge over its competitors. Yet certain alternative hy-

³⁷Letter dated April 26, 2012. Copy in author's possession.

potheses would not predict this finding. Bayat, for example, tells us that “Islamic associations were not places for Islamist political mobilization; they simply acted as service organizations” (2007a, 44). Similarly, it becomes difficult to square arguments that these facilities serve as a type of Gramscian strategy to alienate citizens from state institutions with the evidence that the Brotherhood uses these facilities to *encourage participation in existing electoral institutions*.

Instead, the multitude of ties between these facilities and the Brotherhood’s candidates shows how thin and porous was the membrane separating the Brotherhood’s political ambitions from their efforts to deliver social services. As former Muslim Brotherhood leader and past IMA president Abdul Moneim Abu el-Fotouh explained, “in the end, the man who is offering the (charity) service for the Muslim Brotherhood...he is the same person who comes through with the election propaganda to ask for votes. This is what happens, whether (the politicization) its intended or not.”³⁸ Or, as another ex-member of the Brotherhood put it, “in my hometown, when the Brotherhood wants to transport people from their houses to the polling stations, they are going through the people who know (the neighborhood) from their charity work.”³⁹

Social Service Provision in Egypt’s 2012 Presidential Elections

Campaigning for Egypt’s first competitive presidential election began in the spring of 2012 with a crowded field of competitors. Following two days of voting the Brotherhood’s candidate, Mohammed Morsi, led with 24.78% of the vote. Ahmed Shafiq, Mubarak’s last Prime Minister, was close on his heels with 23.66% support. Because no candidate had obtained 50% of the vote, Morsi and Shafiq headed to

³⁸ Author interview, January 23, 2013.

³⁹ Author interview, Abdelrahman Ayyash, September 12, 2012.

a two-man nationwide runoff. On June 16th and 17th Egyptians again headed to the polls, sending Mohammed Morsi to the Presidential Palace by a slight 51.7% to 48.3% margin.

The politicization of the IMA's facilities continued during the presidential campaign. During my own fieldwork (which began a few months after the election's second round concluded) I repeatedly noted posters and other campaign materials for Mohammed Morsi displayed prominently both inside and outside the facilities. For instance, at the *Tawba* hospital, located in the Northern Cairo district of Kobri al-'Ubbah, layers of campaign posters advertising the Freedom and Justice party's candidates in recent elections covered the facility's walls. Avoiding the campaign materials inside the hospital was literally impossible: an almost full-sized sticker of Mohammed Morsi's face was affixed to the ticket booth's window at eye level. The impression was as if patients were buying tickets to the hospital from Mohammed Morsi himself.

The effect was similar at other facilities. Around the *al-'Adel* Hospital in Northern Cairo, fliers advertising the Brotherhood and the Freedom and Justice Party's charitable initiatives were available. In the mosque physically connected to the hospital a banner advertising a "charity fair" draped over the entrance, and inside was a bustling market selling discounted food and household appliances.⁴⁰ As at the *Tawba* hospital, it was particularly common to see campaign signs prominently placed around the entrance to the facility, evident to whomever walked inside. For instance, Figure 4.3 shows twin Mohammed Morsi posters flanking the entrance of the *Abu Nasr* hospital in Southern Egypt, while Figure 4.4 shows

⁴⁰ Additionally, posters with the Brotherhood's logo and slogans plastered the neighborhood's walls, including "*bina' la hadm* (building, not destroying)," "*Uqayyim salatak, tana'eem bil-hayatak* (say your prayers and your life will be blessed)," and "*siyam 'ashara ayyam dhu al-hijja* (Fast for ten days during the month of *Dhu al-Hijja*, an especially auspicious stretch during Ramadan for performing good deeds and charity).

Mohammed Morsi posters adorning the ticket booth of the *al-'Adel* hospital in Cairo.

Figure 4.3: *Abu Nasr* Hospital, Assiut (IMA Photo)



Figure 4.4: *al-'Adel* Hospital, Cairo (Author Photo)



The way that the Brotherhood enrolled the IMA in their campaigns during and after the reign of Hosni Mubarak invites questions of the actual *impact* of

these facilities on patterns of electoral mobilization. The next section uses micro-level electoral results from the aforementioned Morsi-Shafiq presidential contest of 2012 to isolate this effect.

The Electoral Impact of Social Service Provision

Prior studies have relied upon either highly aggregated geographic or highly disaggregated survey evidence to evaluate the effect of social service provision on Islamists' electoral fortunes. For instance, Siyam finds that the three governorates with the highest concentrations of Islamic associations (Cairo, Alexandria, and Giza) sent the majority of Brotherhood members to parliament in the 1984 elections. For the 1987 elections he turns to voting statistics and finds that the top eight governorates in terms of the largest share of Islamic associations (Cairo, Alexandria, Giza, Menoufiyya, Sharqiyya, Minya, Aswan, and Qaloubiyya) yielded the most seats for the Muslim Brotherhood's Islamic Alliance. From this, he concludes that Islamic associations constitute the Brotherhood's "base of support" and that there is a "clear link" between Islamic associations and the political success of the Islamic trend (2006, 95).

At the individual level, Masoud adduces survey evidence showing that those who report visiting Islamic associations *also* find Islamists' position on economic redistribution closer to their own. As he puts it, "instead of converting grateful recipients to the Islamist's religious agenda, such provision may serve as a communicative channel through which Islamists convince voters of their proximity to their own ideal points on issues of direct, material concern" (2014*b*, 17-18).

While these studies provide important indicators that social service provision can drive electoral support, they also leave notable gaps. In Siyam's case, study-

ing the outcomes at such a high level of abstraction (Governorates contain multiple electoral districts, akin to American states) makes it difficult to discern the causal pathway (and direction) he suggests underlies the correlation. Masoud's survey evidence suggests a novel causal pathway connecting service provision to electoral mobilization, but it is limited in its ability to tell us if this effect actually produces tangible results at the ballot box. In *Counting Islam*, Masoud finds mixed support for the hypothesis connecting Islamists' organizational density to political success and, notably, no evidence that this network helped Mohammed Morsi (2014a, 168-176). Finally, both Masoud and Siyam rely on *Islamic associations* to proxy for *Muslim Brotherhood* associations, raising the possibility of measurement error.

The remainder of this chapter navigates between Siyam's aggregate and Masoud's individual-level approaches. A neighborhood-level proximity analysis captures the local effects of Muslim Brotherhood social service provision on electoral mobilization during Egypt's summer 2012 presidential elections, revealing the powerful and subtle way that the Brotherhood's social service networks generated support for Mohammed Morsi.

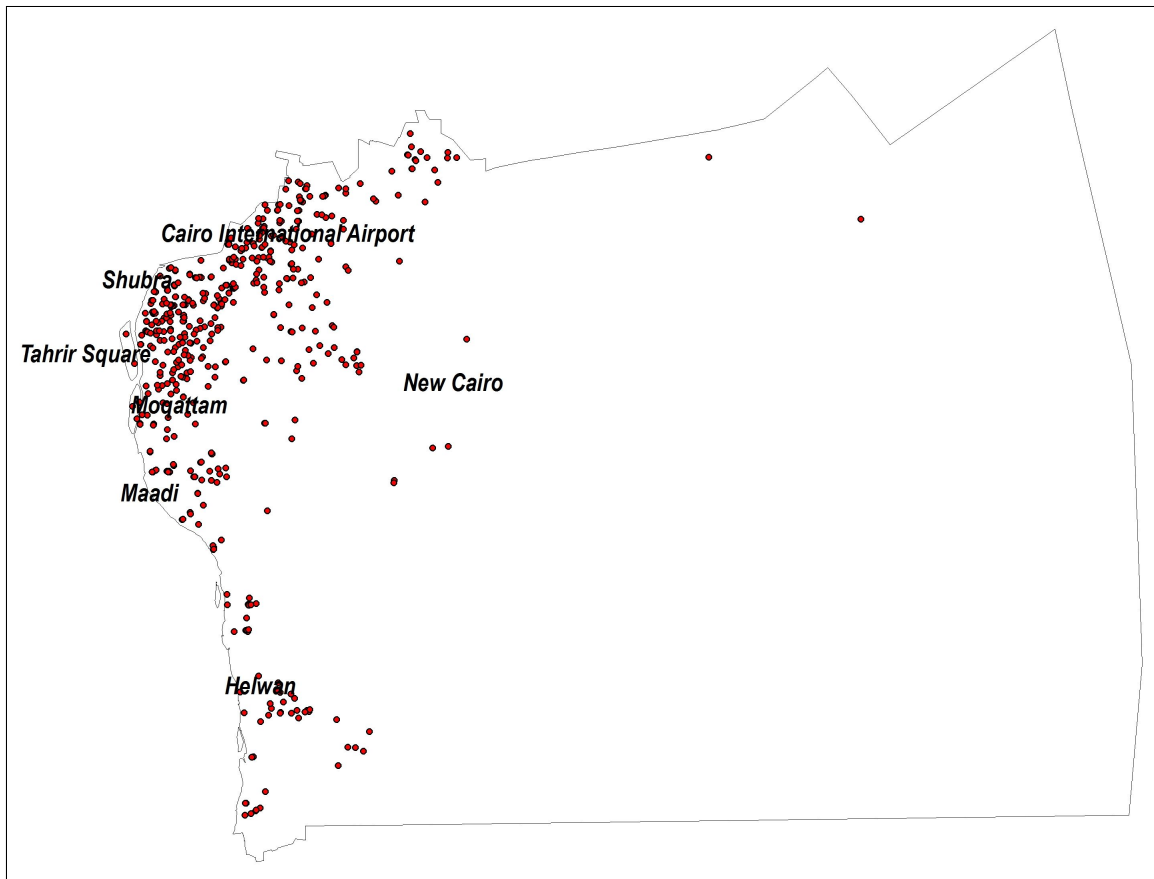
Proximity Analysis

This second round contest between Mohammed Morsi and Ahmed Shafiq furnishes the data at the core of this analysis. Official voting data for these elections was released down to the *qism*, pl. *aqsam* level, although even these divisions are highly aggregated.⁴¹ I obtained geolocated and voting data for all 1323 ballot

⁴¹Cairo governorate, for instance, includes 43 *Qism*.

boxes in the Cairo governorate, displayed in Figure 4.5.⁴² Along with latitude and longitude data, included with each ballot box are the total number of registered voters, the total number of votes cast, the number of spoilt (invalid) ballots, and the respective vote totals for Mohammed Morsi and Ahmed Shafiq.

Figure 4.5: Spatial Distribution of Ballot Boxes, Cairo Governorate



Cairo governorate is a particularly prominent case. Not only is it Egypt's

⁴²Data for four boxes is missing. I greatly appreciate the efforts of Bernard Rougier and Hala Bayoumi at CEDEJ in Cairo in this task. While the availability of data rather than a disciplined process of case selection drove the choice of both the geographic unit (Cairo Governorate) and the specific election (the second round Presidential elections), the potential pitfalls must be judged against the potential insights to be gained. Primarily, given the difficulty of obtaining data on Egyptian elections- and the consequent lack of empirically grounded studies of Egyptian political behavior- this effort proves a notable step forward.

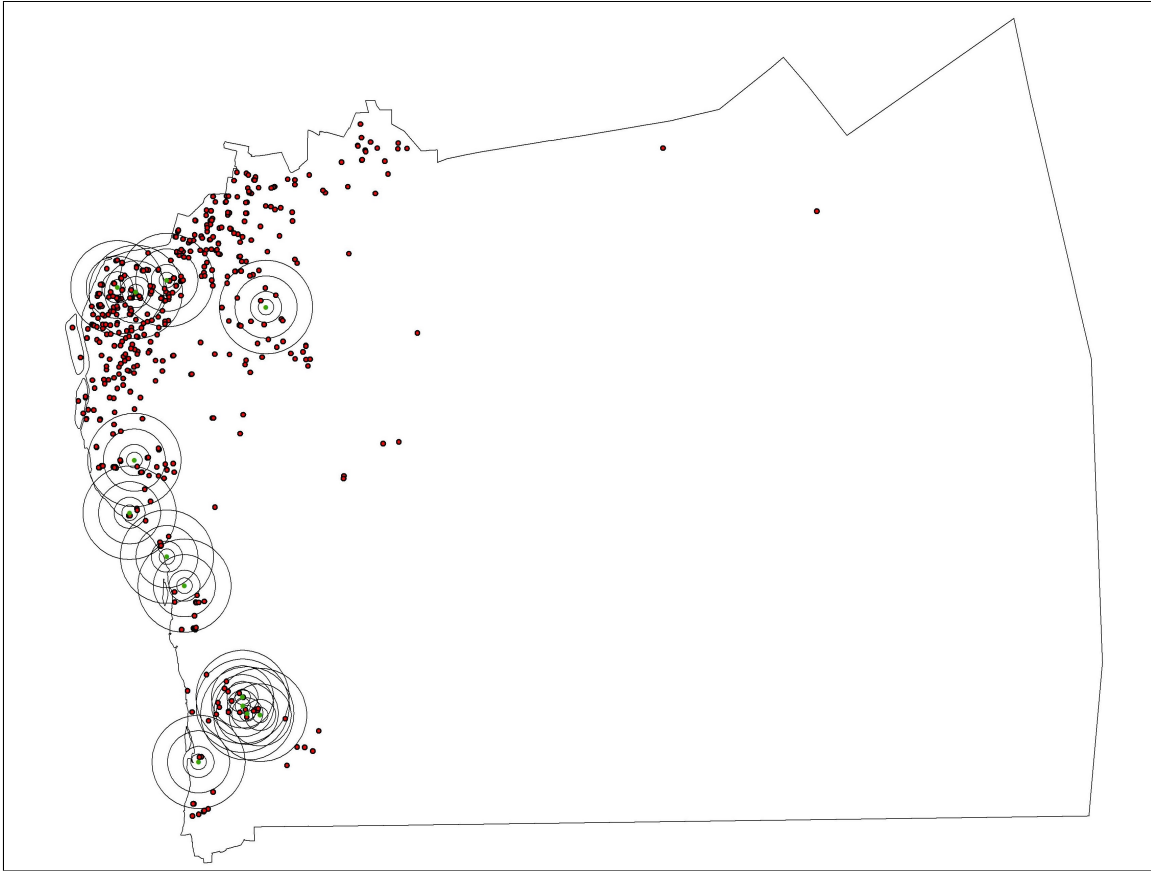
largest city and center of political, economic, and cultural influence, but the majority of the IMA's medical facilities are located there. Further, it encompasses neighborhoods of both ostentatious wealth and strikingly poverty, as well as areas of Islamist political power and historic strongholds of antipathy towards Islamists (overall, Mohammed Morsi lost Cairo to Ahmed Shafiq by over 11 percentage points (44.3% to 55.7%).

As an initial inquiry, I overlaid the above maps of ballot boxes in the Cairo governorate with a map of all 13 Cairo-based IMA facilities that were open during the second round runoff between Mohammed Morsi and Ahmed Shafiq. The ArcGIS software package then generated four "buffers" around each medical institution: at 500, 1000, 2000, and 3000 meters. Figure 4.6 illustrates the process in the Cairo governorate. In each case, a dark green dot represents the particular Islamic Medical Association facility, while the dark red dots represent the ballot boxes. The concentric circles around each dark green dot represent the 500, 1000, 2000, and 3000-meter buffers.

The buffers allow a more precise measurement of how proximity to the Brotherhood's social service institutions affects electoral support for the group. For each of the four buffer zones I created a dummy variable. If a ballot box fell *within* that buffer zone, it received a one. If not, it received a zero. Recall that each ballot box included information on total registered voters, total ballots cast, and the totals for Mohammed Morsi and Ahmed Shafiq, respectively. This facilitate the calculation of three ballot-box level statistics: raw margin (Shafiq total minus Morsi total) Pro-Mohammed Morsi voteshare (Morsi votes divided by total cast ballots), and pro-Morsi turnout (Morsi votes divided by total registered voters).

Tables 4.1, 4.2, and 4.3 report the results of t-tests for these statistics- based on

Figure 4.6: 500, 1000, 2000 and 3000 Meter Buffers, Cairo Governorate



each of the four buffers- for the Cairo governorate.⁴³ One important neighborhood-level implication of the argument linking these facilities to electoral mobilization is that ballot boxes in the vicinity of Muslim Brotherhood social service institutions will support Mohammed Morsi to a higher degree than those boxes distal to the group's social services.

⁴³Note that the differing number of ballot boxes across the three statistics is due to four ballot boxes missing statistics on correct ballots.

Table 4.1: Difference of Means Test: *Morsi Margin* (Raw Votes), Cairo Governorate

	Polling Stations	Morsi Margin (Raw Votes)	Std. Error.
Inside 500m buffer	108	-56.71 ***	60.53
Outside 500m buffer	1220	-313.75	16.09
Inside 1000m buffer	327	-239.26 †	33.71
Outside 100m buffer	1001	-310.36	17.65
Inside 2000m buffer	628	-300.38	24.43
Outside 2000m buffer	700	-286.09	20.17
Inside 3000m buffer	872	-315.51	20.09
Outside 3000m buffer	456	-249.52 *	24.68

† = $t < .10$, * = $t < .05$, ** = $t < .01$, *** = $t < .001$ Table 4.2: Difference of Means Test: Pro-Morsi *Votes*share (%), Cairo Governorate

	Polling Stations	Morsi Votes	Std. Error.
Inside 500m buffer	108	.489 ***	.012
Outside 500m buffer	1216	.44	.003
Inside 1000m buffer	326	.453 †	.007
Outside 100m buffer	998	.44 1	.003
Inside 2000m buffer	625	.446	.005
Outside 2000m buffer	699	.442	.004
Inside 3000m buffer	869	.442	.004
Outside 3000m buffer	455	.447	.005

† = $t < .10$, * = $t < .05$, ** = $t < .01$, *** = $t < .001$ Table 4.3: Difference of Means Test: Pro-Morsi *Turnout* (%), Cairo Governorate

	Polling Stations	Pro-Morsi Turnout	Std. Error.
Inside 500m buffer	108	.259 ***	.006
Outside 500m buffer	1220	.228	.002
Inside 1000m buffer	327	.235 †	.004
Outside 100m buffer	1001	.229	.002
Inside 2000m buffer	628	.232	.002
Outside 2000m buffer	700	.229	.002
Inside 3000m buffer	872	.23	.002
Outside 3000m buffer	456	.231	.003

† = $t < .10$, * = $t < .05$, ** = $t < .01$, *** = $t < .001$

The above results indicate that, in the second round presidential run-offs, neighborhoods hosting one of the IMA's medical facilities offered electoral support to Mohammed Morsi at higher levels than neighborhoods without. Although

Morsi lost Cairo governorate overall, the margin was much tighter the closer one moved to a Brotherhood social service institution. For instance, moving inside the 500m buffer dropped Ahmed Shafiq's margin of victory an average of 257 votes, an over 80% jump for Mohammed Morsi. Other measures of turnout and voteshare produced similar results.

There is also strong support for a corollary to the above hypothesis: that the rate of electoral support is spatially contingent. In all three measures of electoral support (raw margin, voteshare, and turnout) the strength of the relationship decays the further one moves away from the Brotherhood's social service institutions. For all three statistics, the relationship drops from positive and exceptionally strong to statistically insignificant.

The Brotherhood's social service provision generates a considerable effect at the polls on election day. In fact, it is likely that the above analysis of Egypt's second-round presidential voting *underestimates* the electoral effect of the Muslim Brotherhood's social service network. The Morsi-Shafiq contest was highly ideological and particularly polarized, framed as a choice between the secular remnants of the old regime and the Brotherhood's new Islamic order. In contrast, local and parliamentary elections usually turn on relatively more mundane concerns such as service delivery or personal relationships with the candidates. That the Brotherhood's social service provision was able to produce an effect *even when conditions were most difficult* speaks to this network's power to affect electoral outcomes.

The fact that proximity to the Brotherhood's social services increased the Mohammed Morsi's voteshare by around 5% may seem trivial. Yet in a presidential election where Morsi won by a mere 3.4% margin *nationally*, it may not be a stretch to say that the Brotherhood's social services- of which the IMA are but

a part- were the deciding factor that put Mohammed Morsi, rather than Ahmed Shafiq, in Egypt's presidential palace.

Conclusion

During the Mubarak era and afterwards the Muslim Brotherhood reaped political gains by serving local communities. And rather than a passive accumulation of goodwill, the campaign materials of the Brotherhood's candidates vividly demonstrated how thin was the membrane separating the Brotherhood's social service efforts from their political ambitions. Not only did the Brotherhood put forward candidates in districts where they had social service enterprises, those candidates frequently highlighted their ties with these facilities, either as manager, employee, founder, or member.

During Egypt's first democratic presidential election many of these facilities posted campaign materials supporting Mohammed Morsi both inside and outside the facilities. Further, an analysis of local voting in this election showed how proximity to these facilities was a powerful predictor of vote share, turnout, and margin of victory in favor of Mohammed Morsi. On its own, the inability to control for potentially confounding variables would caution against reading too far into the results of the proximity analysis. Yet in conjunction with the prior chapter, this is notable evidence that these facilities *are* producing the electoral effect that the macro-level theory predicts.

Further, the empirical support for a local implication of the macro-level theory helps mitigate concerns that an ecological fallacy is driving the results. In other words, the visible ties between candidates and facilities, as well as the fact that ballot boxes proximate to the Brotherhood's social service facilities supported the

group's candidates at higher levels than distal ones is an expected implication of the argument established in the prior chapter. In contrast, if these facilities were not politicized, or they did not generate local support for the Muslim Brotherhood's candidates, then sustaining the argument that these facilities were involved in electoral mobilization would be more difficult.

Taken together, the prior two chapters provide a convincing picture of the political advantage produced by the Brotherhood's social service network. Yet they say little about the nature of the linkages these facilities create between party and voter. The next chapter uses a survey experiment of over 2400 Egyptians to examine the causal mechanism linking social service provision to vote choice. As it shows, these facilities produce electoral support for the Muslim Brotherhood not through the contingent exchange of clientelism, the loyalty-based mechanism of recruitment, or an ideology-transforming process of Islamization. Instead, these facilities send a powerful signal that the Muslim Brotherhood's candidates for political office are honest, capable, and approachable.

Chapter 5

From Medicine to Mobilization

Mohammed Galal, from the Delta town of al-Qanater al-Khayriyya, was very sick. To fix his failing coronary artery, his doctor recommended that he go to the Islamic Medical Association's *Talibiyya* hospital in Giza. The surgery there was successful, and after a few days in recovery Mohammed could go home. Before he left, however, he effusively praised the hospital and its staff. "Words cannot describe them," he claimed "they are very good, they are excellent, and they care about me." The whole experience made him feel like he was in a "five star hospital...in terms of their continuous care, their promptness, the cleanliness, and their organization...every section performs their jobs in an excellent fashion without begrudging me."¹

This chapter not only shows how the IMA was able to produce the effect that so delighted Mohammed Galal, but how this atmosphere generates a political advantage on election day. Qualitative data, including interviews with IMA executives, managers, and employees shows how the Brotherhood's high-quality and compassionate care stems as much from exacting professional standards, com-

¹All quotes and information comes from Mohammed Galal's testimony here: <https://www.youtube.com/watch?v=rHi4ciTzyr8>. N.D. (posted May 29, 2014). Accessed September 17, 2014. Note that the video is an official release from the Islamic Medical Association and thus should be considered in that light, although there is no evidence he was falsifying or exaggerating his experience. See also the patient testimonials here: https://www.youtube.com/watch?v=_dazTLBjQCE and here: <https://www.youtube.com/watch?v=wd8m1oSSkqk>.

petent managers, and invested employees as it does from religious devotion or organizational cohesion. The chapter then presents the results of an original, nationwide survey experiment of over 2400 Egyptians. The results strongly support the hypothesized reputational mechanism whereby patients use the high quality and compassionate care they receive in the Brotherhood's hospitals to make inferences about the character of the group's candidates for elected office. Yet this effect is uneven, as the middle class bias identified in the historical and spatial analysis reappears in this individual-level data. While middle class Egyptians react strongly to the experimental manipulation, the treatment barely sways the opinions of their lower-income counterparts.

Finally, the survey experiment offers the chance to test alternative predictions about how exposure to the Muslim Brotherhood's social services change individual attitudes. Just as prior chapters found little historical and spatial evidence supporting alternative hypotheses, this chapter shows that these facilities produce neither political alienation nor Islamization. Instead, Egyptians walk out of these facilities prepared to map the honest, competent, and compassionate care they have just received onto the Brotherhood's candidates for elected office.

The Reputational Effect

The IMA generates such a powerful reputational effect because the organization's founders emphasized the interpersonal aspect of care as much as technical issues of cleanliness and competence. In a February 1978 article in *al-Da'wa*, Ahmed al-Malt outlined his vision of the IMA's staff and surroundings:

The elite of the Muslim doctors, both ethically and in terms of skill, shall work in these clinics, presenting [to the people] the clear image

of a Muslim who denies himself in order to work solely for God. The other image is the hospital interior: the service, the treatment, the quality of the reception and beyond. These will have the same [reputation] as the [employee], with a compassionate touch on every level, from the doctor, to the nurse, to the staff, to the administrator, all of them the [perfect] image of the Muslim in both essence and appearance.²

Al-Malt specified that new members needed to not only be of good character, devout, and dedicated to social and civic improvement, but they must also be willing challenge themselves, learn, and become a better doctor (al Malt 1993, 176). The emphasis endures today. One IMA executive aimed to hire employees who “present a good image to the people, are well-trained, understand how to deal with the patients and the people, and they must be honest...Our employees have to smile, have to be able to sympathize with the patient’s pain, and things like that.”³ “The most important person in our hospitals is not the director, or the employees, but the patient,” another executive summarized. “We all exist to serve the patient.”⁴ This patient-centric attitude, as the manager of a clinic in southern Cairo explained, was why a number of very wealthy Egyptians preferred to travel to his clinic rather than visit private clinics much closer to their homes.⁵

The IMA’s twin emphasis on interpersonal care and technical expertise is foundational. It overshadows nearly every stage of the organization’s operation, from hiring staff, to monitoring facilities’ operations, to troubleshooting and fixing problems. At the hiring stage, the IMA uses social networks of current employees to find potential new hires, although they also place ads in their internal pub-

²Ahmed al-Malt, “Nida’ Min al-Jam’iyya al-Tibbiyya al-Islamiyya bil-Qahira: Ya Muslimun! (A Call From the Islamic Medical Association in Cairo: O Muslims!),” *al-Da’wa*, No. 21 (February 1978), pp. 56.

³Author Interview, IMA Executive A, January 15, 2013.

⁴Author Interview, IMA Executive B, November 8, 2012.

⁵Author Interview, IMA Facility Manager B, November 8, 2012.

lication *al-Hikma*.⁶ This allows a good degree of pre-screening for attitude and demeanor, ensuring that only those medical professionals in tune with the IMA apply.⁷ For instance, one employee explained her decision to join the IMA by contrasting the experience with her prior job, at a public hospital. “I left because there we treated patients like cattle, not like people.”⁸ In fact, the formal hiring process begins by assessing the extent to which the applicant is in tune with the organization’s general mission, and only then does the hospital manager assess the employee’s technical skill.⁹ The manager of one dialysis center even claimed that if he found someone of good character but lacking experience, he was willing to hire the person and train them himself.¹⁰

Once hired, a flat management style personally invests the employees in the success of the facility. As one manager described, encouraging employees to bring problems and suggest improvements to their superiors creates a “family like” atmosphere.¹¹ According to one young doctor, there is a “familiarity between employees, everyone is in good spirits, and the facility is well-organized.”¹² A lab manager explained the type of ethos he brought to his job: “we should not just work here for the money, we should belong to it, feel like we have to make it better- to take ownership of it.”¹³ This is what Mohammed Galal meant when he said that the staff at the *Talibiyya* hospital performed their work “without begrudging him.” There was no heavy-handed supervisor looming over the staff to

⁶Even this limits the search to those in the IMA’s orbit- because *Al-Hikma* is not approved by the national press council, it can only be distributed for free (for instance at the IMA’s hospitals).

⁷Author Interview, IMA Employee A, February 2, 2013; Author Interview, IMA Facility Manager D, February 2, 2013.

⁸Author Interview, IMA Employee B, May 1, 2013.

⁹Author Interview, IMA Employee A, February 2, 2013.

¹⁰Author Interview, IMA Facility Manager B, November 8, 2012.

¹¹Author Interview, IMA Employee B, May 1, 2013.

¹²Author interview, IMA Employee C, May 9, 2013.

¹³Author Interview, IMA Employee E, November 11, 2012.

prevent them from shirking their responsibilities, nor a wave of employees trying to chisel a bribe from someone at their most vulnerable. The “tyranny of corruption” (El-Naggar 2009, 44) that infests so many aspects of life in Egypt is absent from the IMA’s facilities. Instead, everyone knew their responsibilities and carried them out because they sensed that they were appreciated and personally responsible for the facility’s ultimate success or failure.

As the employees invest in the IMA, the IMA also invests in them. One common way was to encourage talented and dedicated staff to apply for management positions, even if they start at lower or mid-level positions in the facilities. For instance, the assistant manager in one facility had joined as a nurse and had worked her way up.¹⁴ A doctor had started out of medical school in the emergency department, was promoted to assistant manager, and then to manager.¹⁵ Another explicitly compared the IMA’s willingness to cultivate talent against government hospitals’ sclerotic bureaucracy. There, he argued, age (he was in his early thirties) would essentially determine his position in the organization’s hierarchy. In contrast, the IMA managers “do not discriminate against us because of our age, only if we are skillful, good with patients, good managers.”¹⁶ A doctor in an IMA facility in the Delta concurred, noting how his salary and the scope of his responsibilities “is based on skill.”¹⁷

In line with its founding mission to train doctors (al Malt 1993, 177) the IMA makes available continual training for employees. Early articles in *al-Da’wa* summarized the IMA’s early efforts in this field, including organizing study groups for medical students, providing grants for medical students, opening a library of

¹⁴ Author Interview, IMA Employee B, May 1, 2013.

¹⁵ Author Interview, IMA Facility Manager B, May 9, 2013.

¹⁶ Author Interview, IMA Employee E, November 11, 2012.

¹⁷ Author interview, IMA Employee C, May 9, 2013.

medical books (generously supported by a donation of \$13,000 from the Kuwaiti government) and opening a copying and printing center for these books.¹⁸ As Abdel Moneim Abu El-Fotouh, one of the IMA's earliest members, described the motivation:

At that time (the late 1970s) the medical doctor lacked a way to continue his training and education. There is nothing that forces him to be re-accredited or study, only if he takes the initiative on his own to get a master's or diploma. There is nothing that's required, and he can stay a general doctor all his life and there is nothing else that he is required to learn or do. Likewise, once he becomes a specialist, he can stay like this for his entire career. There are no opportunities to add to his knowledge or experience, he'll just stay at the same place for 40 years.¹⁹

In addition to Fotouh, a number of other young doctors and medical students who benefitted from the IMA's outreach would go on to become prominent figures in the Brotherhood, including Helmi al-Gazar, Essam el-Erian, and Sana Abu Zeid (Abu el Fotouh 2012, 49, 93).

The emphasis on continuing education endures today. The IMA offers frequent lectures for their staff on germane topics, such as infection control, surgical techniques, and emerging diseases.²⁰ The flagship Central Charity Hospital actually has classrooms purpose-built into the facility. Figure 5.1 shows a copy of the floorplan for the 7th floor of the Central Charity Hospital. The entire left wing is designated as a nursing school, while the right wing includes dormitories for the

¹⁸"Tassawulat Hawal: al-Jam'iyya al-Tibiyya al-Islamiyya (Questions about the Islamic Medical Association)," *al-Da'wa*, No. 29 (October 1978), pp. 42; Ahmed al-Malt, "al-Jam'iyya al-Tibiyya al-Islamiyya: al-Mistashfa al-Islami al-Markazi (The Islamic Medical Association: The Islamic Central Hospital)," *al-Da'wa*, No. 62 (June 1981).

¹⁹Author Interview, Abdel Moneim Abu El-Fotouh, January 23, 2013. El-Fotouh also makes a similar argument in his memoirs (2012, 98).

²⁰"Muhadirat Turuq Mukafahat al-Adwa bi Mistashfa al-Rahma (Lecture on Methods of Combating Infection at the Rahma Hospital)," N.D. (posted May 28, 2014). Available online at: <https://www.youtube.com/watch?v=qHiBeetaAD4>. Accessed September 15, 2014.

nursing students.

Figure 5.1: Central Charity Hospital Floorplan (7th Floor)



Although there is a parallel emphasis on moral education, as mentioned earlier, it essentially frames common practices in Islamic terminology.²¹ For instance, inside the IMA's facilities are brochures discussing the relevancy of certain Islamic character traits to the practice of medicine (from these brochures the cartoon in chapter three was drawn).²² These traits include *dabt al-mawa'id* (promptness), *al-*

²¹Note, for instance, the title of the article introducing the IMA to readers of *al-Da'wa*: "Awwal Jam'iyya Tibiyya Islamiyya Takkawun fi Misr: La Buda min Iyjad al-Tabib al-Muslim al-Mutamayiz bi-Shakhsiyyatu (The First Islamic Medical Association Established in Egypt: The Exceptional Muslim Doctor Must Improve His Character)," *al-Da'wa*, No. 20 (January 1978).

²²See also IMA leader 'Amr Ayyat's lecture on Islam and medical work, available online at: <https://www.youtube.com/watch?v=XdKQxQv-5To>. N.D. (Posted September 13, 2014). Accessed September 17, 2014.

kifaa'a (competency), *hafiz al-sirr* (discretion), *al-nizafa* (cleanliness), *al-hikma* (wisdom), and *al-nizam* (organization) (Abu Zeid 2006).²³

Yet even the highest quality facilities are prone to dissatisfactory results. To identify and fix any issue that goes awry, the Islamic Medical Association relies on a series of internal mechanisms to monitor the atmosphere in their facilities. First, there is a practice of frequently shuttling doctors and managers around to different hospitals in the IMA network. One employee worked three simultaneous jobs for the IMA, managing diagnostic labs in Helwan, Giza, and Ma'adi. Another managed both an IMA hospital and dialysis center, in addition to working a day job in a government hospital (his day, he claimed, began at 4:30 AM). On a number of occasions I encountered a manager at one facility I had met earlier at a different facility. Not only does this acquaint the employees with each facility and their respective clienteles, but also identifies and teaches best practices across the network. One employee related how he developed a procedure for tracking lab chemicals in one facility and, after monitoring its success, implemented it in other facilities.²⁴ In another instance, the IMA was piloting a digitized system to track patient health records at two facilities in Cairo before extending the project to the rest of the network.²⁵

Another innovative way in which the group ensures consistent high-quality care is by encouraging friendly competition among the staff at these facilities. Officials from the IMA's headquarters in Cairo constantly assess the individual facilities and rank them based on 25 criteria for things like cleanliness, service,

²³The Islamic Medical Association's series of brochures on the principles of medical ethics, *Qaym fi Sawr al-Tibeeb* (Those Values Reflected in a Doctor) were apparently written by Dr. Sana Abu Zeid, a notable member of the Muslim Brotherhood's Shura Council until his death in early 2008. See "Doctor Sana Abu Zeid," *Ikhwanwiki*, N.D. Available online at <http://goo.gl/0w9I8e>. Accessed January 27, 2014.

²⁴Author Interview, IMA Employee E, November 11, 2012.

²⁵Author Interview, IMA Hospital Manager A, May 11, 2013.

staffing, fiscal health, and patient satisfaction.²⁶ Facilities are sorted into three categories, exceptional, satisfactory, and below average, and the facilities at the top are recognized and the staff are rewarded for their efforts.²⁷ Those facilities at the lower end of the spectrum are not punished, but instead singled out for extra attention by the organization. In cases where the facility is plagued by consistently low rankings, a specialist team of experienced managers is brought in to check for deeper problems and make the necessary changes to bring the facility's rating back up.²⁸

The above mechanisms combined to produce the technologically advanced and compassionate care that stood out to Mohammed Galal. We might recognize many of these mechanisms at any successful business: a focus on hiring talent, applying consistent standards, and empowering managers and employees. But the IMA is more than just a business. The honest, capable, and compassionate care that patients experience elevates the relationship between recipient and service provider beyond the transactional relationship of commerce and into a more enduring bond between the recipient and the Muslim Brotherhood. The remainder of this chapter uses an original nationwide survey- and embedded experimental manipulation- to illustrate how this care powerfully reverberates into the realm of politics, to the benefit of the Brotherhood's candidates on election day.

²⁶These are different- and independent from- Ministry of Health ratings.

²⁷"Al-Farouq Takrim 18 Ama Mithaliyya Min al-'Amilat bil-Mistashfa (*al-Farouq* (Hospital) Recognizes 18 as Exemplary (Female) Hospital Employees)," *al-Jam'iyya al-Tibiyya al-Islamiyya*, November 2, 2013. Available online at: <http://ima-egy.net/branche/183-18>. Accessed July 14, 2015; "Al-Hadi Yukrim Ibna' al-'Amileen al-Mutafawiqeen (*al-Hadi* (Hospital) Honors the Outstanding Children of Employees)," *al-Jam'iyya al-Tibiyya al-Islamiyya*, February 21, 2014. Available online at: <http://ima-egy.net/message/312-2014-02-21-02-27-15>. Accessed July 14, 2015.

²⁸Author Interview, IMA Executive B, November 8, 2012.

The Footprint of Brotherhood Medical Provision

One critical assumption underlying this dissertation's argument about Islamist social services and electoral mobilization is that these facilities actually accommodate enough people to produce an electoral (or any other type of) effect. To satisfy this assumption, this section introduces data drawn both from internal IMA documents and an original, nationwide n=2483 telephone survey of adult Egyptians to provide important empirical detail about the size and scope of the Brotherhood's medical provision.

During my fieldwork I obtained from the Islamic Medical Association a series of balance sheets for the network's hospitals for the years 2004- 2011, inclusive. Chapter three included information on the percentage of "poor" patients at each facility. Figure 5.2 reports the *total* number of patient visits to IMA facilities in order to show the scope of this provision.

As these documents show, nearly one and a half million Egyptians annually benefit from the Brotherhood's brick-and-mortar medical provision efforts. To buttress this information, in May of 2014 I contracted the Cairo-based Egyptian Center for Public Opinion Research (*Baseera*) to carry out a nationwide telephone survey of Egyptians.²⁹ This is the first survey to examine the phenomenon, making it valuable not only for its ability to clarify Egyptians' knowledge of and experience with the Muslim Brotherhood's medical networks, but also to map how these networks lay across Egypt's underlying sociopolitical terrain. In order to independently assess the reach of these facilities, the survey form asked a random subsample of 1220 respondents "have you heard about the Muslim Brotherhood's provision of medical services before?" and "have you used the Brotherhood's

²⁹In addition to the material below, appendix C contains a larger methodological discussion.

Figure 5.2: Visitors to Brotherhood Medical Facilities, 2004-2011



medical facilities before?” if a respondent answered in the negative, they were coded “0.” If they answered “yes” they received a “1.” Table 5.1 reports respondents’ answers.

Especially coupled with the information from the IMA’s own balance sheets, the survey results help to provide an important piece of supporting evidence for the theory advanced in Chapter one. While balance sheets show that around 1.5 million Egyptians directly benefit from these facilities annually, almost 8% of the survey sample self-reports visiting the Brotherhood’s medical facilities at one time

Table 5.1: Self-reported Experience with the Brotherhood's Medical Facilities

	Total Respondents	Raw and Percent "Yes"
Have you <i>heard of</i> the Muslim Brotherhood's medical facilities?	1220	438 (%35.9)
Have you <i>used</i> the Muslim Brotherhood's medical facilities?	1215	93 (%7.65)

or another.³⁰

Recall also the discussions in chapters two and three of the middle class bias at these facilities. The survey's descriptive statistics buttress these findings by grouping responses to these questions by respondents' socioeconomic status.³¹ Tables 5.2 and 5.3 report these results, where a negative answer to the question of whether or not the respondent knew of or had experienced the Brotherhood's facilities was coded "0" while an affirmative response received a "1."

Table 5.2: Poor and Non-Poor *Knowledge* of Brotherhood Facilities

	<i>n</i>	Mean <i>Knowledge</i>	Standard Deviation
Poor	500	.292	.455
Non-Poor	720	.406	.491

t = 4.1, p < .00001

Table 5.3: Poor and Non-Poor *Experience* with Brotherhood Facilities

	<i>n</i>	Mean <i>Experience</i>	Standard Deviation
Poor	500	.056	.23
Non-Poor	715	.091	.288

t = 2.255, p < .05

Spatial, qualitative, and survey evidence all indicate that Egypt's poor have relatively little experience with the Brotherhood's network of social services. As

³⁰The pervasive anti-Brotherhood attitude at the time this survey was conducted actually makes it likely this number *underreports* the actual value.

³¹Multiple measures of SES were considered and piloted. An asset index, in which poor respondents owned neither a washing machine or a car, was chosen based on a combination of these pilot results, the survey company's experience with the Egyptian case, and the available literature (Filmer and Pritchett 2001, Sahn and Stifel 2003).

the remainder of the chapter shows, this socioeconomic cleavage predictably influences how respondents' react to the experimental stimulus. On one hand, less affluent respondents do not exhibit a measurable shift in attitudes when being told about the Brotherhood's medical provision. Their better off countrymen and women, on the other hand, report themselves more likely to both vote for the Brotherhood and view the group's candidates more favorably.

Experimental Manipulation

The survey also contained a randomized experimental component designed to explicitly probe the causal relationship between social service provision and electoral support. An experimental manipulation- in this case slightly altering a basic, factual prime about healthcare provision in Egypt- is a particularly appropriate research design given the presence of potentially endogenous relationships and hidden variables that lurk underneath the proposed causal relationship.

Consider the causal mechanism embedded in the above theory: exposure to these facilities causes an individual to update their beliefs of traits of the Brotherhood's candidates, which then leads that individual to support the group on election day. In a traditional survey it would be difficult to account for the possibility that a respondent may have sought out these facilities precisely because she has had some prior positive, non-social service based interaction with the Muslim Brotherhood. Thus causal claims would be exceedingly difficult to support.

A survey experiment's use of random assignment to maximize internal validity mitigates concerns of endogeneity. Put differently, randomization distributes potentially confounding variables equally across the treatment and control groups. This increases confidence that any observed variation in outcome is due to the

experimental manipulation rather than some underlying variable. At the same time, the on-location sample ensures that these tight causal inferences are applicable to the broader population (Mutz 2011, Druckman et al. 2011, Shadish, Cook and Campbell 2002). In this case, the theory's prediction that the Brotherhood's social service provision produces a shift in recipient attitudes makes a survey experiment a sensible tool with which to assess these predictions.

To provoke and capture the effect of the Brotherhood's provision of medical services on political attitudes, I look to experimental designs developed in American politics. In their landmark study of race and affirmative action, Sniderman and Piazza sought an unobtrusive way to stimulate and measure attitudes that may otherwise remain latent. They settled on a "mere mention" design, which subtly varied the content of an informational prime in order to examine the subsequent changes in attitude. As they explained, their "mere mention" experiment was designed to:

simulate the kinds of conversations that ordinary people undoubtedly have about affirmative action and the characteristics of blacks. The basic idea is to determine whether references to affirmative action can, in and of themselves, excite negative reactions to blacks (1995, 110).

The present study borrows this logic. Specifically, the theory outlined above predicts that receiving basic, factual information about the Brotherhood's medical provision will cause respondents to view more positively the character traits of Muslim Brotherhood candidates. This attitudinal change will then make respondents more likely to vote for those candidates in elections. Yet while all survey respondents heard factual information about medical provision in Egypt, the content of the information subtly differed based on the survey form to which the individual had been randomly assigned. Specifically, the control version contained

information about the Ministry of Health’s medical facilities. The treatment version contained the same text, except that respondents received information about the Muslim Brotherhood instead. Both primes are presented below, in which the manipulated text appears in italics.

Treatment

Now I would like to ask you some questions about *The Muslim Brotherhood* and their activities in the field of medical provision in Egypt. *The Muslim Brotherhood* operates many hospitals and clinics in all parts of the country, and these facilities provide a wide range of medical services to millions of Egyptians every year, among them the poor and destitute. Have you heard about these facilities before?

Control

Now I would like to ask you some questions about *The Ministry of Health* and their activities in the field of medical provision in Egypt. *The Ministry of Health* operates many hospitals and clinics in all parts of the country, and these facilities provide a wide range of medical services to millions of Egyptians every year, among them the poor and destitute. Have you heard about these facilities before?

The survey experiment only approximates what is a more complex and vivid “real world” process. Yet if a “mere mention” of the Brotherhood’s social service provision can stimulate pro-Brotherhood political attitudes- and I show below how it can- this augurs a stronger effect for a more intense, longer-term exposure. For example, if simply hearing about these facilities in this type of “everyday conversation” can positively shift an individual’s opinion of the Muslim Brotherhood, consider how the mechanism would work if one of these facilities was responsible for alleviating a relative’s kidney disease, curing a elderly parent’s glaucoma, or setting a child’s broken arm.

Contemporary conditions in Egypt offer a “least likely” case to support the theory connecting social service provision to political support (George and Bennett 2005, Levy 2002). Since the July 3rd 2013 military coup the Egyptian government has harassed and violently repressed the Muslim Brotherhood, while both

state and private media have demonized it. Theoretically, this atmosphere establishes strong incentives for respondents to strategically *deflate* their opinion of the Brotherhood. Thus the treatment must work twice as hard: not only must it produce a positive effect for the Brotherhood, but it must countervail forces pushing respondents to answer in the opposite direction. If the treatment produces a positive change in attitudes towards the Brotherhood under these particularly difficult conditions, then confidence in the theory should be bolstered.

Political Attitudes

Following the treatment battery, respondents answered questions assessing their political attitudes towards the Muslim Brotherhood and their perception of traits of the Muslim Brotherhood's candidates. To evaluate alternative hypotheses (on which more below), respondents were also queried on their religious beliefs and practice, as well as their opinions about the Egyptian political system and electoral activism in general.

The immediate post-manipulation questions probe the general relationship between social service provision and political support. It may well be the case that recipients simply do not connect the two realms, or relate to facilities purely on the more mundane criteria of cost, proximity, social networks, or something else. For instance, summarizing her findings in a lower class Cairene neighborhood, Tadros suggests how:

[A] woman from (the neighborhood of) Bulaq el Dakroul might have her blood pressure taken in the nearby pharmacy; her glasses done at the *Wafd* (political) Party Health Centre, her blood tests taken at a private clinic, dental care sought at a government teaching hospital while sending her daughter to the female doctor at a Muslim association (a

registered service-providing NGO) for gynecological treatment (2006, 248).

To gauge the effect of social service provision on political support, respondents were asked, “if the Brotherhood participated in the upcoming elections, how likely would you be to vote for their candidates?” Then, in order to test the theory that the Brotherhood’s social service provision causes recipients to view the character of the Brotherhood’s candidates more positively, respondents were asked to rate the Muslim Brotherhood’s “candidates and (parliamentary) deputies” across three traits: trustworthiness, capability, and approachability.³² Because a principal component factor analysis reveals that all three questions load on a common factor ($\alpha = .8296$), the results of this question are compiled into a single index, “likability.”³³

Figures 5.3 and 5.4 summarize the results of the experimental manipulation on the entire sample as well as the posited differential effects. Each question includes the overall results (total control versus total treatment), as well as the comparisons of specific subgroups. Whiskers indicate plus/minus one standard error. T-tests provide simple difference-of-means checks, and p values for each comparison are reported. In all figures, asterix denote a relationship that remains statistically significant after adjusting α post-hoc via a modified (Holm) Bonferroni correction (Jaccard and Wan 1996, Holm 1979).³⁴ For presentation purposes the scales here are truncated.³⁵

³²The questions did not list specific candidates by name. In the most recent parliamentary elections (November 2011- January 2012), the Brotherhood fielded candidates in every electoral district.

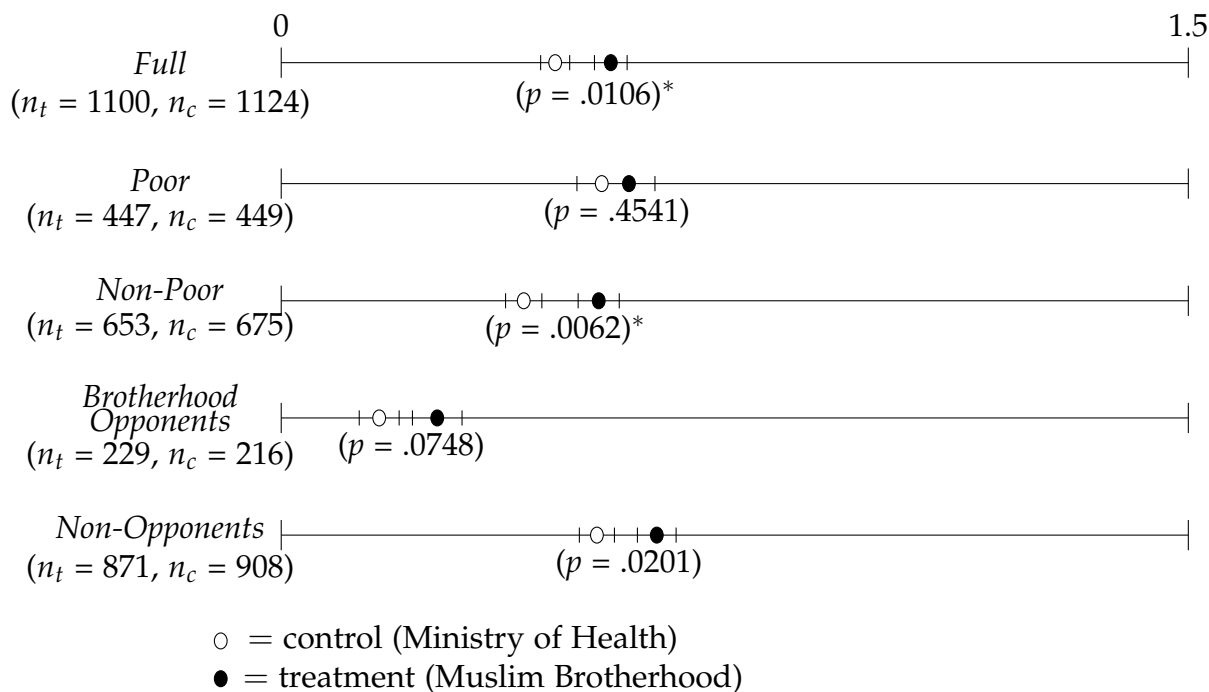
³³Cases with missing values are dropped.

³⁴This procedure minimizes the risk of false positives, which are more likely when making repeated draws from the same sample.

³⁵Although the original scales ran from 0 to 3, the results for these three questions were at the bottom end of that range (hostile to the Brotherhood). For this reason, the scales here are presented from the range 0 - 1.5.

Figure 5.3: Propensity to Vote for Brotherhood Candidates

“If the Muslim Brotherhood participates in the upcoming parliamentary elections, how likely are you to vote for their candidates?”
(0= Very Unlikely, 3= Very Likely)



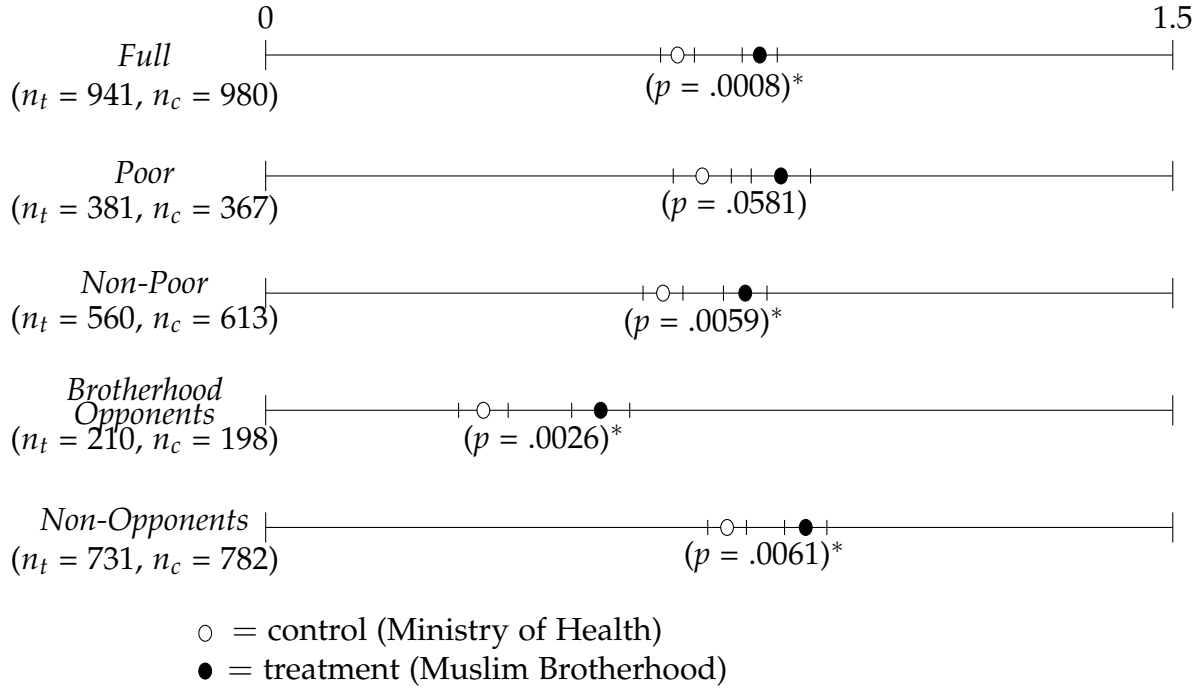
The results of the experimental manipulation strongly support the theory that the Brotherhood’s medical provision increases political support for the group. Specifically, receiving the treatment renders individuals more willing to vote for the Brotherhood. Notably, the effect among the full and non-poor sample remains robust to the application of the correction.

Figure 5.4 reports the results of the experimental manipulation on the three question battery assessing respondents’ opinions about the Brotherhood’s candidates and parliamentary deputies (as a reminder, Figure 5.4 reports the group means of an index compiling answers to three separate questions).

These results vividly demonstrate how exposure to basic information about

Figure 5.4: Assessment of Brotherhood Candidates' Likability

"I am going to read you a list of terms that some people have used to describe candidates and deputies from the Muslim Brotherhood. Please tell me how much you agree or disagree with each word."
(0= Strongly Disagree, 3= Strongly Agree)



the Brotherhood's medical provision causes an increase in respondents' assessment of Brotherhood candidates' and deputies' likability (a composite of three specific questions assessing their competence, honesty, and modesty). That the treatment failed to produce a shift in opinion amongst the poor is not surprising in light of the above-assembled historical, spatial, qualitative, and survey evidence of these facilities' middle class bias. Taken together, the results support the reputational theory articulated earlier, in which middle-class Egyptians map the effective and compassionate care they receive at the Brotherhood's medical facilities onto the group's candidates for elected office.

The fact that these results hail from the uncommonly anti-Brotherhood environment of post July 2013 Egypt offers an even sturdier basis from which to extrapolate causes of the Brotherhood's uncommon successes during earlier periods. The significant and positive shifts in Figures 5.3 and 5.4 occurred even as respondents were required to swim against the prevailing anti-Brotherhood current. Had this survey experiment been executed in the calmer waters of the Mubarak era, one would logically expect an even *more* pronounced pro-Brotherhood effect. The army's repression of the Brotherhood over the last two years- not to mention the Brotherhood's own missteps- likely combine to make the environment much more hostile to those expressing pro-Brotherhood attitudes.

Causal Mediation Analysis

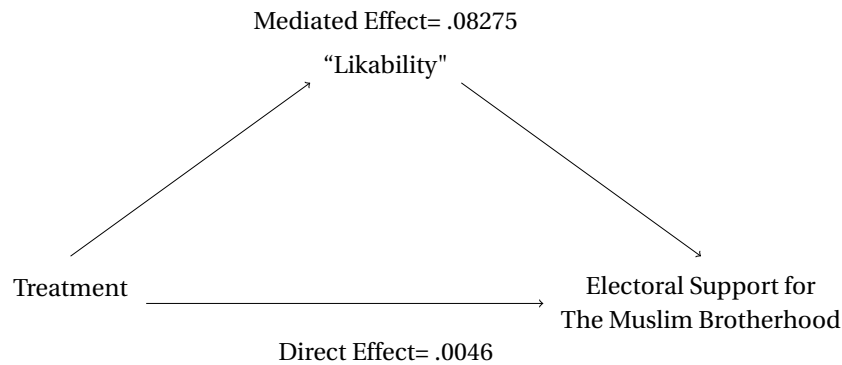
The *mediation* package for Stata allows a direct test of the causal relationship between the treatment and outcome variables by generating two models (Hicks and Tingley 2011). In this case, the first model produces predictions for the likability index as a function of the treatment/control condition. A second model generates estimates for the propensity to vote for the Muslim Brotherhood's candidates as a function of both the treatment/control and the likability index. Model one's estimation of the values for "likability" under both the treatment and control feed into model two's estimates of the propensity to vote for the Brotherhood's candidates. Averaging the differences in the predicted values of this propensity as the predictions for "likability" shift under the treatment and control yields the average causal mediation affect (ACME) (Imai et al. 2011). Table 5.4 presents the results of the causal mediation analysis.

Table 5.4: Mediation Results, Effect of “Likability” on Propensity to Vote for Brotherhood Candidates

	Mean	95% Confidence Intervals	
Average Causal Mediation Effect (ACME)	.08275	.02953	.13299
Direct Effect	.00458	-.05832	.06252
Total Effect	.08733	.00561	.16346

Over ninety-three percent (93.16%) of the observed effect of the treatment on propensity to vote for the Brotherhood operates through the likability index.³⁶ Figure 5.5 presents the results of the causal mediation analysis graphically, showing the effect sizes that passed through the mediation variable (“likability”) and a direct pathway, respectively.

Figure 5.5: Causal Pathway



The next section uses additional evidence from the survey instrument to establish an antecedent condition of the above causal chain: that survey respondents perceive that the Brotherhood’s medical facilities offer honest and compassionate care (that they later transfer to the group’s candidates for elected office).

³⁶Importantly, the results here are valid so long as the sequential ignorability assumption obtains. Appendix C reports the results of an analysis testing how sensitive the above process is to sequentially larger and larger violations of this assumption.

The Islamist Advantage, Illustrated

The chapter's opening section described Mohammed Galal's satisfaction with the *Talibiyya* Hospital in Giza, which aligns with anecdotal evidence of the Muslim Brotherhood's facilities' overall quality. To test the generalizability of Mr. Galal's experience, the above-described survey also gathered fine-grained data on individuals' subjective and self-reported experiences with these facilities. Respondents were asked if they had visited the facility operated by the group to which they were assigned (Ministry of Health/control or the Muslim Brotherhood/treatment). Those responding in the affirmative were then asked to use up to "five words or short phrases to describe your experience there." Survey enumerators recorded these responses verbatim in Egyptian colloquial Arabic.

Prior to translation, each response (either a word or a short phrase) was coded as a dichotomous variable. Responses connoting a positive experience received a "1" while those connoting a negative experience were coded "0." Average and its analogues, i.e. "Mixed," or "Sometimes Good, Sometimes Bad" were not coded. The responses were aggregated for each group (Ministry of Health versus Muslim Brotherhood) to generate an average rating of each facility. Table 5.5 presents the results of a t-test.

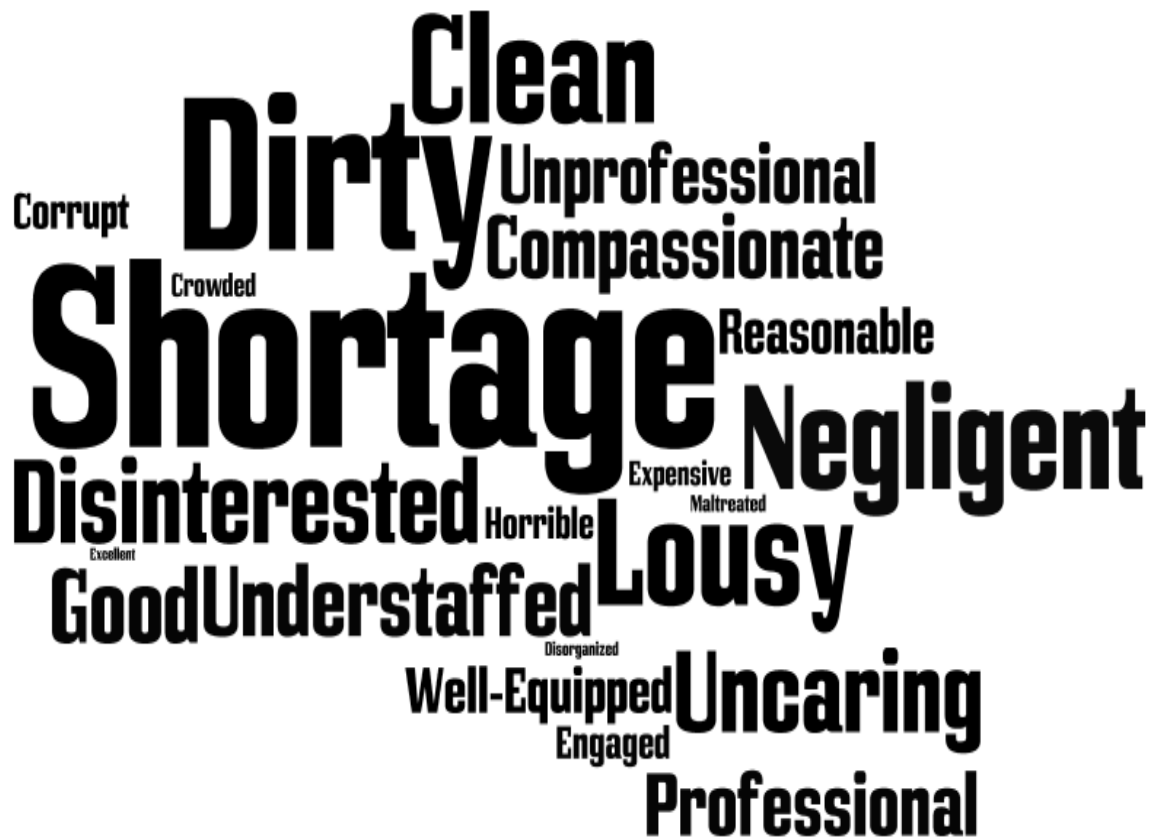
Table 5.5: Difference of Means Test: Respondents' Satisfaction

	Respondents	Descriptors	Mean	Std. Dev.
Muslim Brotherhood Facilities	91	230	.861	.347
Health Ministry Facilities	774	1841	.307	.461
$t = -17.599, p < .00001$				

To provide a more qualitative picture of the difference between the two organizations, I also translated each Arabic phrase or word into a rough English equiv-

alent then aggregated into word clouds the terms respondents used to describe each organization's respective facilities.³⁷ In Figures 5.6 and 5.7, the size of the text indicates the frequency with which respondents used that word. For presentation purposes, those descriptive terms mentioned less than five times (Muslim Brotherhood subgroup) and less than ten times (Ministry of Health subgroup) are not included in the word clouds.³⁸

Figure 5.6: Ministry of Health Descriptions



³⁷The word clouds were created by wordle, www.wordle.net.

³⁸the different cut-points reflect the fact that more people had visited the Ministry of Health's facilities, and therefore offered more terms to describe the experience.

Figure 5.7: Muslim Brotherhood Descriptions



Figures 5.6 and 5.7 reveal that many Egyptians share Mr. Galal's satisfaction with the Brotherhood's medical efforts. Primarily, this is important because it suggests that those earlier findings are not the process of a selection bias (only visiting hospitals in wealthy areas, for instance) or of the Brotherhood's cunning attempt to direct public scrutiny towards attractive but unrepresentative selections.³⁹ Rather, the results here suggest that the Brotherhood's medical provision is universally high-quality, or at least perceived as such by those who have relied on it in the past.

The overall positive impressions that the Brotherhood's facilities produce, as well as the specific terms that respondents used to describe this atmosphere, also provide an important link in the proposed causal process (Brady and Collier 2010). The t-tests and associated word clouds demonstrate that respondents did absorb and focus on the quality of care. Not only that, respondents' perceptions of the Brotherhood candidates as competent, honest, and modest echo many of the characteristics individuals reported in their open-ended descriptions of the

³⁹As a robustness check, the results of the t-test and a word cloud for *only those opposed to the Brotherhood* are reported in the appendix. The results are not substantially different than the full sample.

Brotherhood's medical facilities.

The chapter's final sections use the same experimental manipulation to revisit and assess two alternative hypotheses at the individual level. The first is the prediction that these facilities are part of a larger effort to alienate beneficiaries from traditional politics. Second is that this provision generates an intense change in beneficiaries' ideological commitment to Islam. The results of the experimental manipulation support neither of these predictions. Treated respondents are neither more likely to express a greater willingness to support a larger role for Islam in politics, nor do they exhibit more pessimistic attitudes towards processes of electoral competition.

An Alienation Effect?

Especially in conjunction with the prior two chapters, the above experimental manipulation shows that social service provision is an important driver of electoral mobilization. Not only is this critical support for the overall theory advanced in chapter one, it also calls into question theories tying Islamist social service provision to political alienation. To review, those theories suggested that Islamists' social service provision, and their civil society activism in general, served to alienate recipients from the existing system and incorporate them into an alternative political universe. "An integral aspect of Islamist identity," Clark tells us, "is the creation of alternative institutions to those of the state. In this regard, Islamic social welfare institutions represent the foundations of an alternative society. They represent an ideological and practical alternative to the present system" (Clark 2012, 70). In her 2003 essay, "Islamism, Revolution, and Civil Society," Berman articulates a similar logic:

Where existing political institutions are weak and the regime is perceived as ineffectual and illegitimate...civil society may become an alternative to traditional politics, increasingly absorbing citizens' energies and satisfying their basic needs. In such situations, civil society can work to undermine political stability further by alienating citizens from traditional political structures, deepening dissatisfaction, and providing a rich soil for oppositional and revolutionary movements to mobilize and grow (2003, 266).

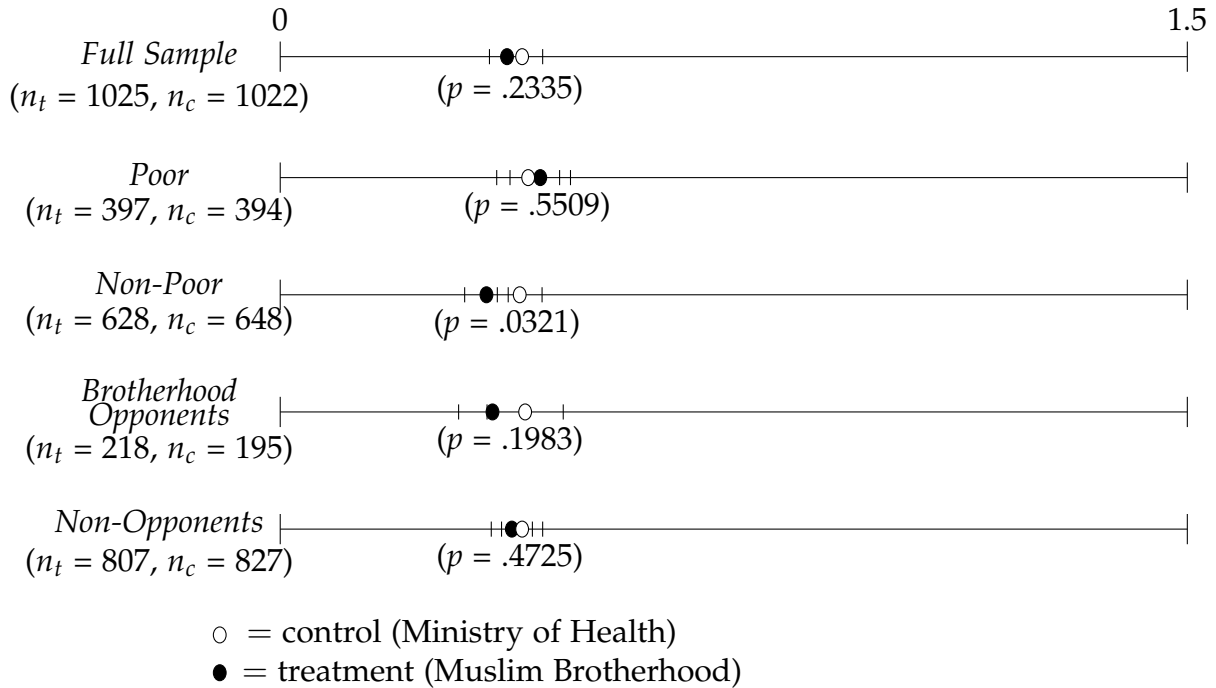
Chapter two showed little historical support for these arguments, while chapter three revealed little evidence for one spatial implication of this theory- that these facilities would exist in areas where the regime is weak. To be fair, however, these theories posit an *attitudinal* process that spatial and historical data might overlook. This can be summarized as:

- *Hypothesis: Exposing respondents to information about the Brotherhood's social service activism should reduce their support for formal political participation*

The survey included two post-treatment questions designed to capture how social service provision shifts Egyptians' attitudes towards formal political institutions. The first queried Egyptians about their satisfaction with the ability of Egyptian political parties to represent their point of view. The second assessed Egyptians' support for democratic elections as the best method of alternating political power. Figures 5.8 and 5.9 report responses to both of the questions. As a reminder, the below figures report *p* values, while asterix denote those relationships that remain significant following a post-hoc correction.

Figure 5.8: Alienation from Traditional Political Parties

“To what extent are you satisfied with the ability of Egyptian political parties to represent your point of view?”
(0= Very Dissatisfied, 3= Very Satisfied)



The results here provide little support for the argument that these facilities engender attitudes of disillusionment with and alienation from state institutions (Egyptians' baseline condition vis-à-vis their political parties is strong dissatisfaction). In the question specifically querying respondents about their satisfaction with Egypt's political parties (Figure 5.8), the treatment produces a predicted but weak shift among the middle class. The inability of this result to withstand a statistical correction, however, warrants caution in interpretation.

The following question (Figure 5.9), assessing Egyptians' views of elections as the best way to change the president likewise produces only very weak support

Figure 5.9: Support for Electoral Turnover

To what extent do you agree or disagree with the following statement:
 “in general, the best way to change the president is through elections?”

(0= Strongly Disagree, 3= Strongly Agree)



for the depoliticization/alienation hypothesis. The full sample, as well as the sample truncated to remove the Brotherhood’s harshest opponents, both shifted in the direction that the alienation/depoliticization theory predicts. As in Figure 5.8, however, the change did not remain significant after applying the statistical correction.

Together, these tests revealed at best tenuous support for the alienation and depoliticization theory. However, it is important to situate this alternative theory against the much stronger findings showing that these facilities drive electoral support by convincing voters of the Brotherhood’s candidates’ honesty, competence, and approachability. Notably, these two arguments are almost completely

opposite in their predicted effects. While the alienation/revolution argument predicts that these facilities will estrange recipients from formal politics in favor of alternative forms of activism, the politicization argument shows instead how these facilities channel citizen activism into traditional channels of political mobilization.

Instead of reputation, however, a potent Islamization effect could link social service provision to electoral support. For instance, if social service provision increased an individual's religiosity, one manifestation of this effect might be increasing political support for Islamist candidates at the ballot box. While chapter three found little spatial correlation between density of social service provision and clusters of conservative Muslims, the following section uses the experimental manipulation to test this argument at the individual level.

An Islamization Effect?

Some authors claim that these facilities produce more devout Muslims. Wickham finds that continual exposure to new interpretations of Islamic doctrine and practice "chang[es] the preferences of educated youth" (Wickham 2002, 148). In his study of Islamic social service provision and electoral success, Siyam suggests that the Brotherhood's social service provision is so potent because it generates a pool of ideological adherents "which is impossible to uproot through campaigns of liquidation or siege" (2006, 79). We can summarize these individual-level implications as:

- *Hypothesis: Exposing Muslim respondents to information about the Brotherhood's social service activism should increase their religious conservatism*

The survey queried all Muslim respondents as to their opinion of the importance of three specific activities to Islamic practice. The three items were strategically chosen to encompass sequentially larger, and potentially more costly, realms of activism: the personal, the social, and the political. On a personal level, respondents were asked the importance of having the women in their family wear the *niqab*, the full face veil. On a social level respondents were asked how important it was to preach about Islam to their friends and neighbors (*da'wa*). Finally, to explore respondent attitudes towards the political role of religion they were asked their assessment of the statement that religious authorities should be given the ability to review legislation. Figures 5.10, 5.11, and 5.12 report these answers.

Figure 5.10: Personal Dimension of Religiosity

“It is important that women in your family wear the full-face veil (asked of Muslims only).”
(0= Strongly Disagree, 3= Strongly Agree)

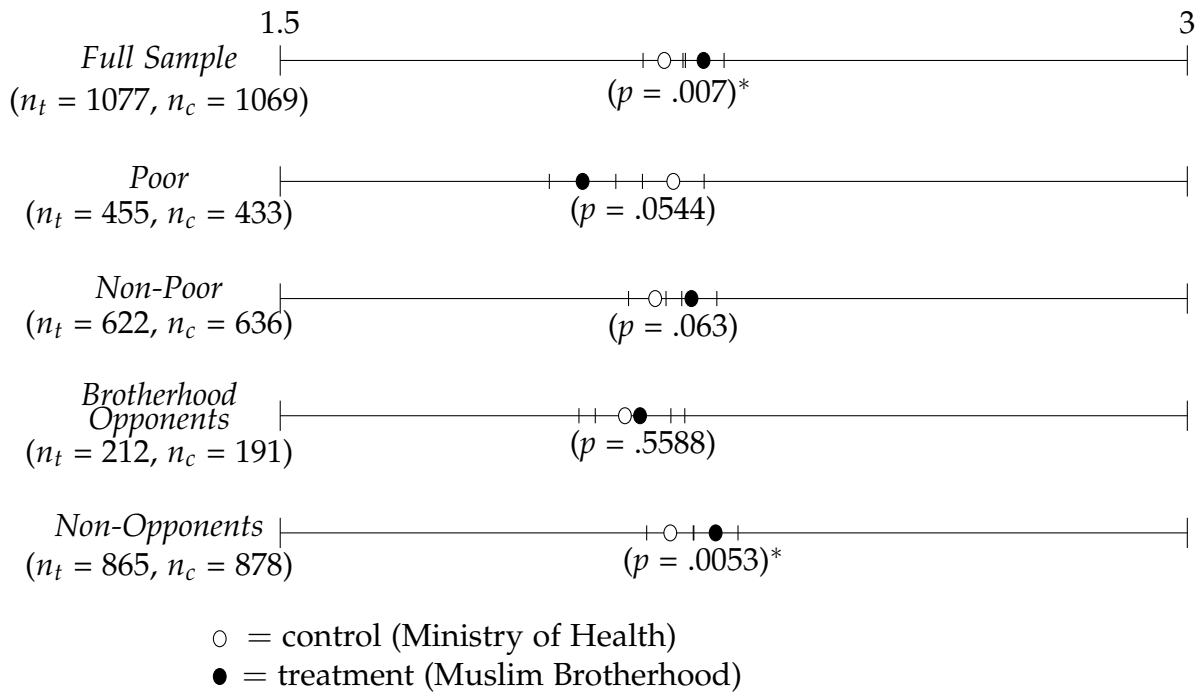
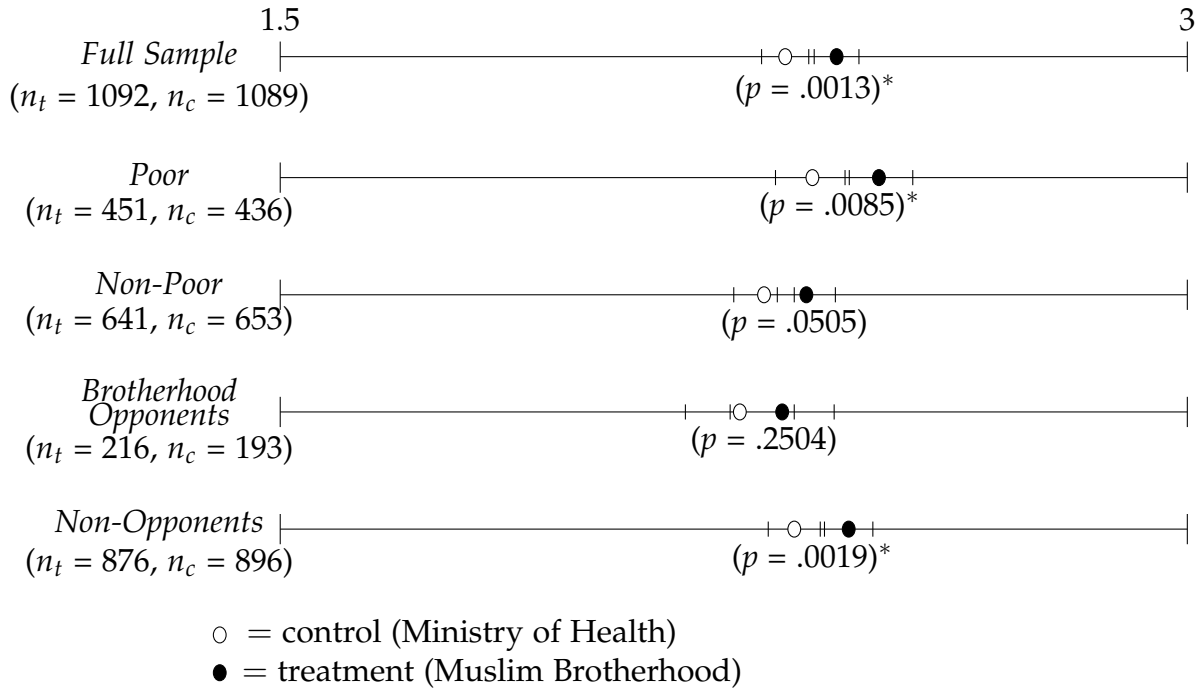


Figure 5.11: Social Dimension of Religiosity

“It is important that you proselytize to your friends and neighbors (asked of Muslims only).”

(0= Strongly Disagree, 3= Strongly Agree)



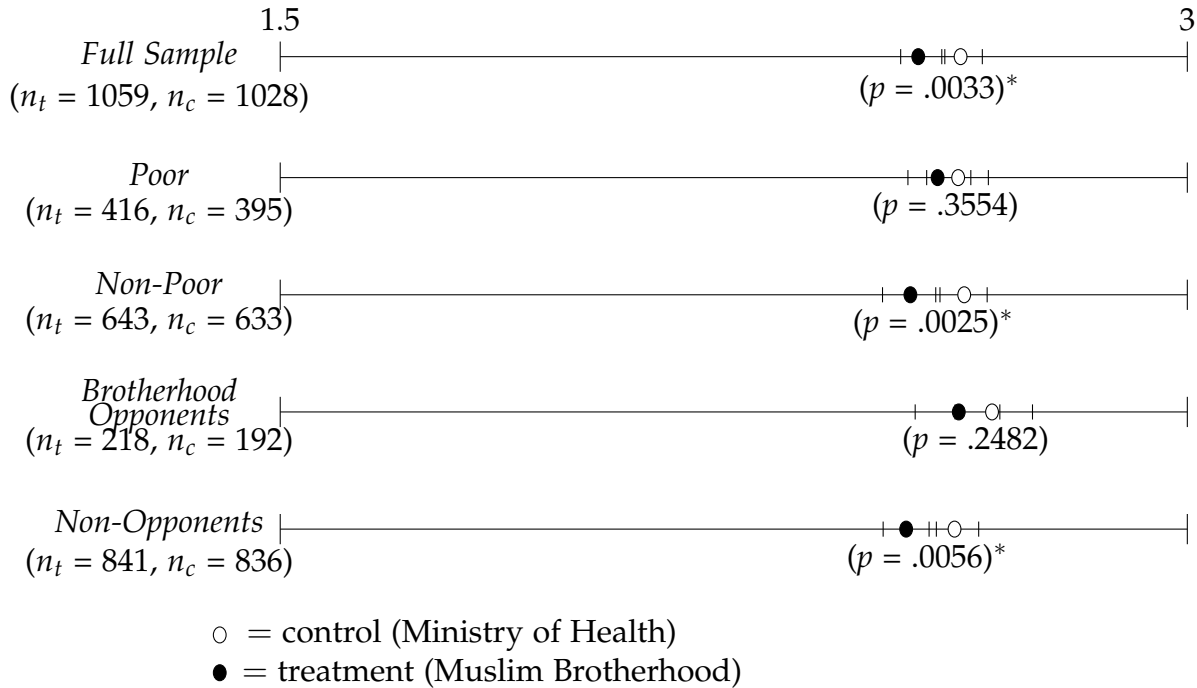
The results of the experimental manipulation are somewhat contradictory. On one hand they support the Islamization hypothesis: those receiving information about the Brotherhood’s medical provision efforts were more likely to rate Islam’s personal and social dimensions (women in the family wearing the *niqab* and speaking to friends and neighbors about Islam, respectively) as highly important aspects of religious practice. Further, on both of these questions the reaction of the full samples *were* robust to the statistical correction.⁴⁰

⁴⁰Recall that a somewhat similar measure of personal religiosity- the belief that female genital mutilation is required by religion- was used to construct the spatial measure of religious conservatism used in chapter three. There it did not appear to yield an effect.

Figure 5.12: Political Dimension of Religiosity

“It is important that religious authorities be given the authority to review legislation (asked of Muslims only).”

(0= Strongly Disagree, 3= Strongly Agree)



On the other hand, the the treatment shifted attitudes about the politicization of religion in a direction *opposite* what those theories would predict. Instead of spurring respondents to support the idea of giving religious authorities a role in reviewing legislation, receiving the treatment made respondents more hostile to the idea. The fact that the mere mention of these facilities estranges respondents from the Brotherhood’s core principle of combining religion and state renders it difficult to argue that this provision pulls individuals into the Muslim Brotherhood’s organizational orbit.⁴¹

⁴¹It may be tempting to suggest that this finding is simply the result of a visceral dislike of *the Muslim Brotherhood* and nothing to do with the role of social services. While this may be possible, it is difficult to explain why this question alone seemingly provoked such an anti-Brotherhood reaction.

Conclusion

Prior chapters showed the history of and political logic behind the distribution of the Brotherhood's medical facilities and charted their electoral impact during periods of both autocracy and democracy. This chapter used an original survey experiment to explain, on an individual level, why the Brotherhood's efforts at social service provision produced such a potent mobilizing effect at election time. As it shows, a powerful *reputational effect* transformed social service provision into electoral success by convincing recipients of Brotherhood candidates' honesty, competence, and approachability.

To support this mechanism, the chapter's opening sections produced a variety of qualitative evidence to depict the honest, compassionate, and high-quality care that is a hallmark of the Brotherhood's medical initiatives. A key finding is that the competence and professionalism of staff is as much the product of rigid managerial standards and constant assessment as an ideological devotion to Islam. Further, data drawn from both internal management documents and the survey instrument show the extent of this provision, which serves an nearly 1.5 million Egyptians per year.

A consistent problem in the study of Islamist social service provision, and isolating the attitudinal effect of this provision specifically, is the lack of empirical data. To isolate the causal mechanism connecting social service provision to electoral mobilization, this chapter analyzed an original survey experiment of over 2400 Egyptians. The results show conclusive support for the reputational effect outlined above. Priming Egyptians with information about the Brotherhood's medical facilities makes them broadly more likely to consider voting for the Brotherhood's candidates in parliamentary elections. Second, those receiving

the informational prime rate Muslim Brotherhood candidates' honesty, capability, and approachability more highly than those in the control group. Finally, a mediation analysis strongly supports the proposed causal chain: recipients visit the Brotherhood's medical facilities, use the high-quality and compassionate care therein to make inferences about the Brotherhood's candidates, and apportion their political support on the basis of these judgements.

The survey findings simultaneously cast doubt on alternative hypotheses. Questions used to assess theories of political alienation and disillusionment with democracy produce only very weak support that disappears when adjusted to account for the possibility of false positives. Results of the questions designed to measure the effect of this provision on religious beliefs, however, produce mixed results. On the one hand, the treatment does seem to provoke a general conservative shift in attitudes towards the personal and social dimensions of Islam. On the other, the treatment actually produces a more *liberal* shift in Islam's political dimensions, directly contradicting theories that this provision draws recipients into tight ideological orbit around the Muslim Brotherhood.

Chapter 6

Conclusion

The prior chapters presented a variety of historical, spatial, qualitative, and experimental data to show how the Muslim Brotherhood's provision of medical facilities was nested in a broader electoral logic. These facilities emerged with the state's encouragement and proliferated in electorally competitive middle class areas. There, they generated a political advantage by broadcasting a signal of the Muslim Brotherhood's candidates' honesty, competence, and approachability. At the same time, evidence supporting alternative hypotheses connecting this provision to charity, recruitment and group cohesion, and revolutionary agitation was much weaker.

Theoretically, a focus on social service provision and electoral mobilization helps explain why the Brotherhood was able to escape the fate of other opposition parties in non-democratic regimes. As the introduction described, in other non-democratic contexts opposition parties' use of ever more strident ideological appeals to mobilize voters caused them shrivel into electorally impotent niche parties. Instead, the Brotherhood's provision of social services broadened their electoral coalition by establishing ideologically neutral avenues through which voters could connect with the organization. Put differently, the Brotherhood's political success in Mubarak's Egypt was as much a product of their non-ideological supporters as their ideological core.

This dissertation's research strategy was to isolate and test the empirical implications of each alternative theory, in effect examining multiple types of data for evidence we would expect to find *if that theory were true*. This conclusion first summarizes the predictions of each alternative hypothesis against the historical, spatial, political, and attitudinal evidence assembled over the prior chapters. While a number of alternative hypotheses receive support for one or two of their empirical implications, the consistency of support for the politicization theory advanced in chapter one is particularly notable. Not only does this raise confidence in that theory's explanatory power, it reduces the risk of drawing fallacious inferences.

The conclusion's second section expands the argument beyond the Islamic Medical Association by introducing original geolocated datasets of nearly 100 Brotherhood schools and approximately 1,000 Brotherhood community associations. These schools and community associations correlate with the group's political contestation even more strongly than the medical facilities. Intriguingly, however, in both cases the positive correlation with district wealth drops to statistically insignificant. While I hypothesize a number of factors which may explain this result, this realm holds considerable promise for new theoretical and empirical investigation.

The relative unimportance of Islam in the preceding chapters raises the question of why only the Muslim Brotherhood was able to leverage their social services for political gain. One key factor, I argue, is that while Islamists ran these facilities on a business model, their opponents tended to run their enterprises as charities or- more accurately- as vehicles of clientelism. This influenced the audiences those parties attracted, as well as the types of linkages that this provision generated between party and voter.

Summary of Empirical Implications

This dissertation's research strategy was to draw out multiple empirical implications of each theory purporting to explain why Islamists distribute social services and test it against the evidence. This dissertation focused on four levels of analysis in particular. Chapter two used Arabic-language memoirs, coverage in Islamist periodicals such as *al-Da'wa*, and government documents to explore how these facilities have developed and historically related to the state. Chapter three introduced original spatial data, including a geolocated dataset of the Brotherhood's medical facilities, to reveal the conditions under which the group distributes social services. Chapter four cross-referenced geolocated ballot box-level voting returns with the locations of the Brotherhood's social services in order to isolate the political effect of the group's social service networks. And chapter five's survey experiment precisely demonstrated how this provision translates into an election-day advantage for the Brotherhood.

Tracking how well (or how poorly) the empirical material at each level of analysis satisfies the predictions of each alternative explanation increases confidence in the explanatory power of the theory and also guards against the possibility that the findings are an artifact of a particular level of analysis. The below tables summarize theoretical predictions at these four levels of analysis: historical (Table 6.1), spatial (Table 6.2), political (Table 6.3), and attitudinal (Table 6.4).

Table 6.1: Summary of Historical Implications

Theory	Empirical Implication	Finding	Outcome
State Subversion	Facilities will attempt to evade state monitoring		No Support
Recruitment (Cohesion)	Facilities will be closely identified with the movement		Support
Recruitment (Islamization)	No Prediction		N/A
Charity	Facilities will trumpet their support for the poor	Facilities complied with existing laws and did not attempt to mask their affiliation with the Brotherhood	No Support
Politicization (Reputation)	Facilities will accommodate state monitoring		Support
Politicization (Clientelism)	Facilities will accommodate state monitoring		Support

As Chapter two shows the IMA accommodated the state at each turn: they registered with it, accepted its funding, complied with its laws, and benefitted from its symbolic support. Instead of an subversive opposition lurking in interstices beyond regime control, the Brotherhood's social service activism was in important ways a constituent part of the regime itself.

Table 6.2: Summary of Spatial Implications

Theory	Empirical Implication	Finding	Outcome
State Subversion	Facilities will exist where the state is weak		No Support
Recruitment (Cohesion)	Facilities will exist where members are most dense		No Support
Recruitment (Islamization)	Facilities will exist where religious conservatism is high		No Support
Charity	Facilities will exist in poor areas	Facilities cluster in middle class, electorally-competitive districts	No Support
Politicization (Reputation)	Facilities will exist in middle class, electorally competitive areas		Support
Politicization (Clientelism)	Facilities will exist in poor, electorally competitive areas		Weak Support

The spatial analysis in chapter three shows how the Brotherhood's social service institutions exist in middle class, electorally competitive districts. Evidence did not support other theories' predictions that these facilities would correlate with the dense networks of pro-Brotherhood activism, pockets of poverty, areas of state weakness, or concentrations of conservative Muslims.

Table 6.3: Summary of Political Implications

Theory	Empirical Implication	Finding	Outcome
State Subversion	Locales hosting these facilities won't necessarily support the Brotherhood in elections		Weak Support
Recruitment (Cohesion)	Locales hosting these facilities will support the Brotherhood in elections		Support
Recruitment (Islamization)	Locales hosting these facilities will support the Brotherhood in elections	Proximity to these facilities drives electoral support for the Muslim Brotherhood	Support
Charity	Locales hosting these facilities won't necessarily support the Brotherhood in elections		Weak Support
Politicization (Reputation)	Locales hosting these facilities will support the Brotherhood in elections		Support
Politicization (Clientelism)	Locales hosting these facilities will support the Brotherhood in elections		Support

Chapter four highlights twin empirical implications of the politicization theory. Not only did the Brotherhood's candidates in the vicinity of these facilities

trumpet their affiliations in campaign materials, ballot boxes proximate to these facilities supported Mohammed Morsi to a greater extent than those more distal.

Table 6.4: Summary of Attitudinal Implications

Theory	Empirical Implication	Finding	Outcome
State Subversion	Respondents will evince weaker support for institutional politics	Respondents display no change in attitudes towards institutional politics.	No Support
Recruitment (Cohesion)	Respondents will become more likely to support the Brotherhood's ideology	Respondents become personally more religious, but less supportive of a political role for religion.	No Support
Recruitment (Islamization)	Respondents will become generally more conservative		Support
Charity	Respondents will generally become more likely to vote for the Brotherhood		Weak Support
Politicization (Reputation)	Non-poor respondents will become more likely to vote for the Brotherhood, via a reputation effect	Non-Poor respondents' perception of Brotherhood candidates' reputation increases, and they become more likely to vote for the group.	Support
Politicization (Clientelism)	Poor respondents will become more likely to vote for the Brotherhood, yet no reputation effect		Weak Support

The survey experiment discussed in the previous chapter was particularly useful for its ability to simultaneously examine multiple individual-level implications

of each theory. The experimental manipulation showed how the Brotherhood's provision of social services generated a reputational effect, in which the honest and high-quality care at these facilities reflected onto the Brotherhood's candidates for elected office.

Finally, to guard against the possibility that findings are the artifact of a particular level of analysis, it is also worthwhile to consider the above tables *vertically*, mapping how well different collections of evidence support a theory's prediction at that level. For instance, in the historical record there is support for a general recruitment argument: the Muslim Brotherhood was deeply involved with establishing and operating these facilities from day one. Yet wading into deeper waters reveals little support for additional implications of this argument: there is no spatial correlation between density of pro-Brotherhood protests and the locations of these facilities, they do not discriminate against non-members, and hearing about these facilities does not incline Egyptians to support the core tenet of the Brotherhood's ideology (the result was, in fact, the opposite). In contrast, the prior chapters weave together a convincing story that these facilities developed under the watchful eye of the state in competitive electoral districts, where they drove political support by conveying an image of Brotherhood candidates for elected office as honest, capable, and approachable.

Extending the Theory: Schools and Community Associations

This project's ambitions are to use one discrete piece of the Muslim Brotherhood's social service network- the IMA- to make inferences about the group's broader social service umbrella. These services literally encompass an individual's entire lifecycle, from childbirth services, to schooling, to marriage, to loans and business

training, to medical services, to burial preparation. Further research will be necessary to gather the same depth of historical, qualitative, and experimental data about these services as was used to study the group's medical services. However, the raw material for a spatial analysis of the Brotherhood's schools and community associations does exist, facilitating an initial inquiry into how well (or how poorly) the theory articulated and supported over the previous chapters explains other aspects of the Brotherhood's social service provision.

Following July 3, 2013 Egypt's regime aggressively targeted the Brotherhood's schools and community associations (Brooke Forthcoming). A list of 87 Brotherhood schools placed under official government supervision appeared on December 30th, 2013.¹ I precisely geolocated these schools using open-source data in a similar fashion to the medical facilities, producing the maps in Figures 6.1 and 6.2.

¹Sara Jamil, "*al-Masri al-Youm* Tanshir Qa'imat Wazirat al-'Adel bi-Isma' 87 Madrasat Taba'a Lil-Ikhwana (*al-Masri al-Youm* Publishes the Ministry of Justice's list of 87 Brotherhood-affiliated Schools)," *al-Masry al-Youm*, December 30, 2013. Available online at: <http://www.almasryalyoum.com/news/details/369022>. Accessed December 31, 2013. One school in Cairo and another in Fayyoun were later cleared of links, and thus they are not included in the below figure. See "Ba'd Tahafuz 'ala Madaris al-Ikwan, Khubra'...al-Qarar Siyasi, laysa Ta'leemi (After the Decision to Seize the Brotherhood's Schools, Experts...This is a Political Judgement, not an Educational One)," *al-Rassd*, April 21, 2014. Available online at <http://goo.gl/g2wHL1>. Accessed March 3, 2015. I was also unable to locate three schools.

Figure 6.1: Spatial Distribution of Muslim Brotherhood Schools (Nationwide)

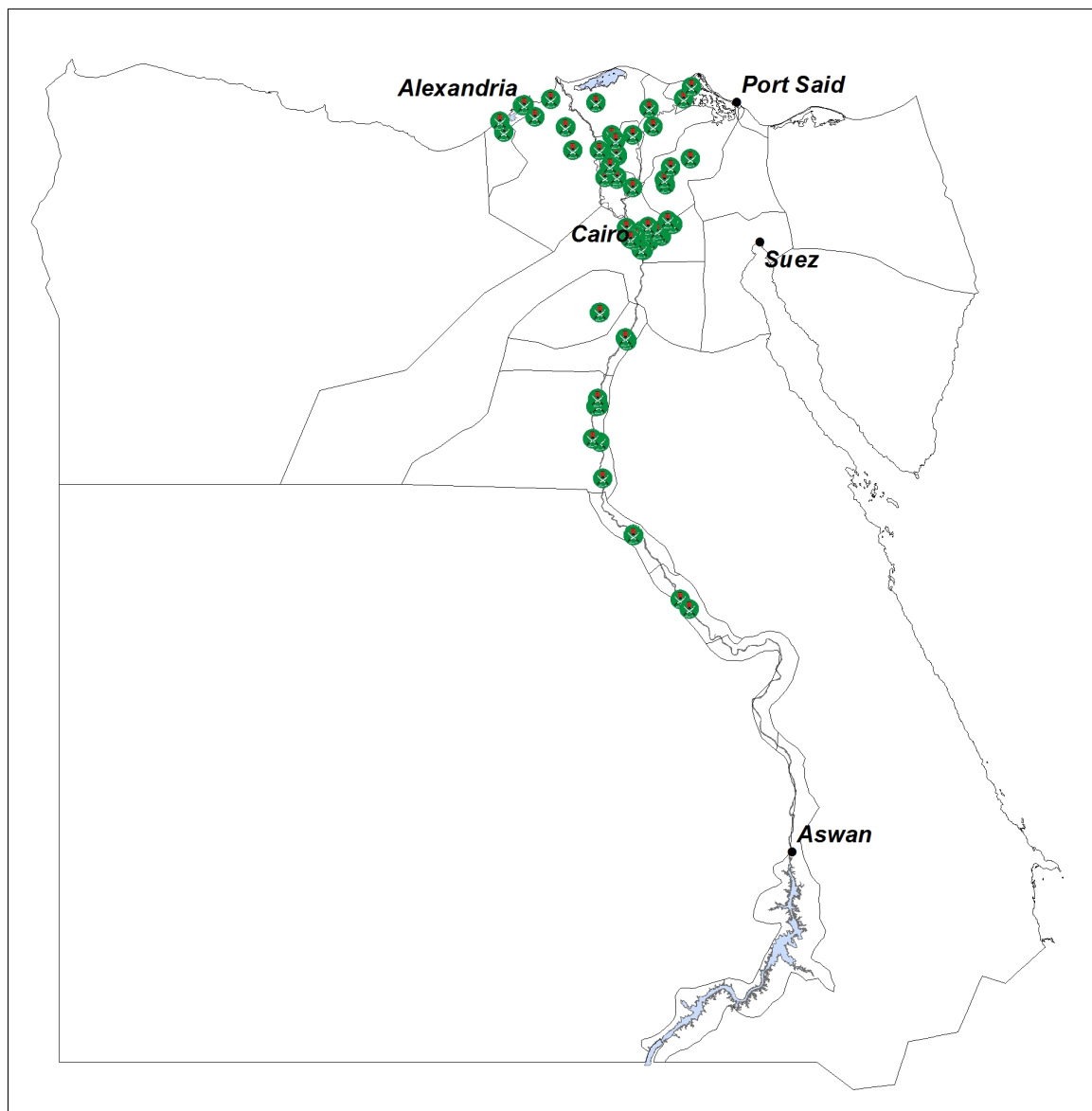
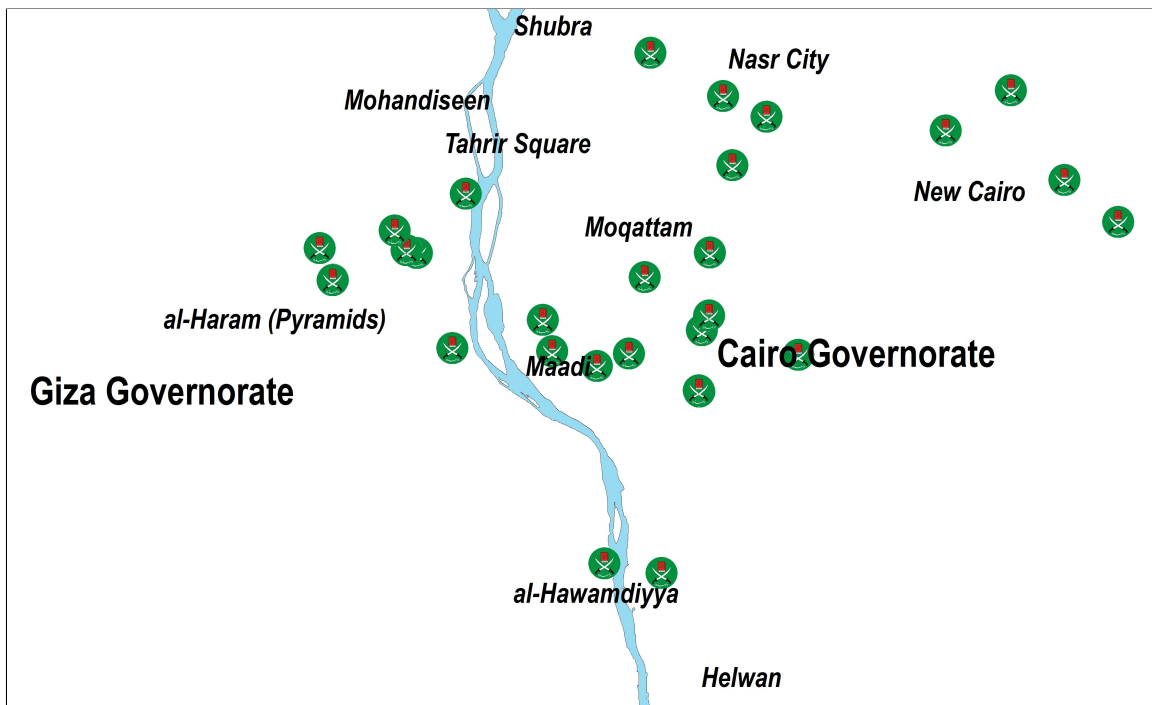


Figure 6.2: Spatial Distribution of Muslim Brotherhood Schools (Cairo Metropolis)



On December 25, 2013 the Egyptian press published a list of 1,030 Brotherhood-linked community institutions subject to a general asset freeze.² The community institutions, however, were listed only in terms of their village or neighborhood so the geolocation process was more coarse.³ This process rendered the map in Figure 6.3.

²I rely on the lists published in *al-Wafd*: Salah al-Deen Abdallah, "Nunfarid bi-Nushr Isma' Jama'iyat al-Ikhwan al-Mutahafiz 'Aleyha (We Exclusively Reveal the Names of the Brotherhood's Associations Placed under (State) Control)," *al-Wafd*, December 25, 2013. Available online at: <http://goo.gl/z7K5lQ>. Accessed December 26, 2013; Mohammed al-Sa'adni, "al-Masry al-Youm Tanshir Qa'ima bi-Isma' Jama'iyyat al-Ikhwan al-Mujamida (al-Masry al-Youm Publishes a List of Names of the Brotherhood's Community Associations (Who Have Had Their Funds) Frozen)," *al-Masry al-Youm*, December 24, 2013. Available online at: <http://www.almasryalyoum.com/news/details/363611>. Accessed December 26, 2013.

³I dropped third-party institutions, particularly *al-Gam'iyya al-Shari'iyya* and *Ansar al-Sunna* from the list because they have been since cleared of links to the Brotherhood.

Figure 6.3: Spatial Distribution of Muslim Brotherhood Community Associations (Nationwide)

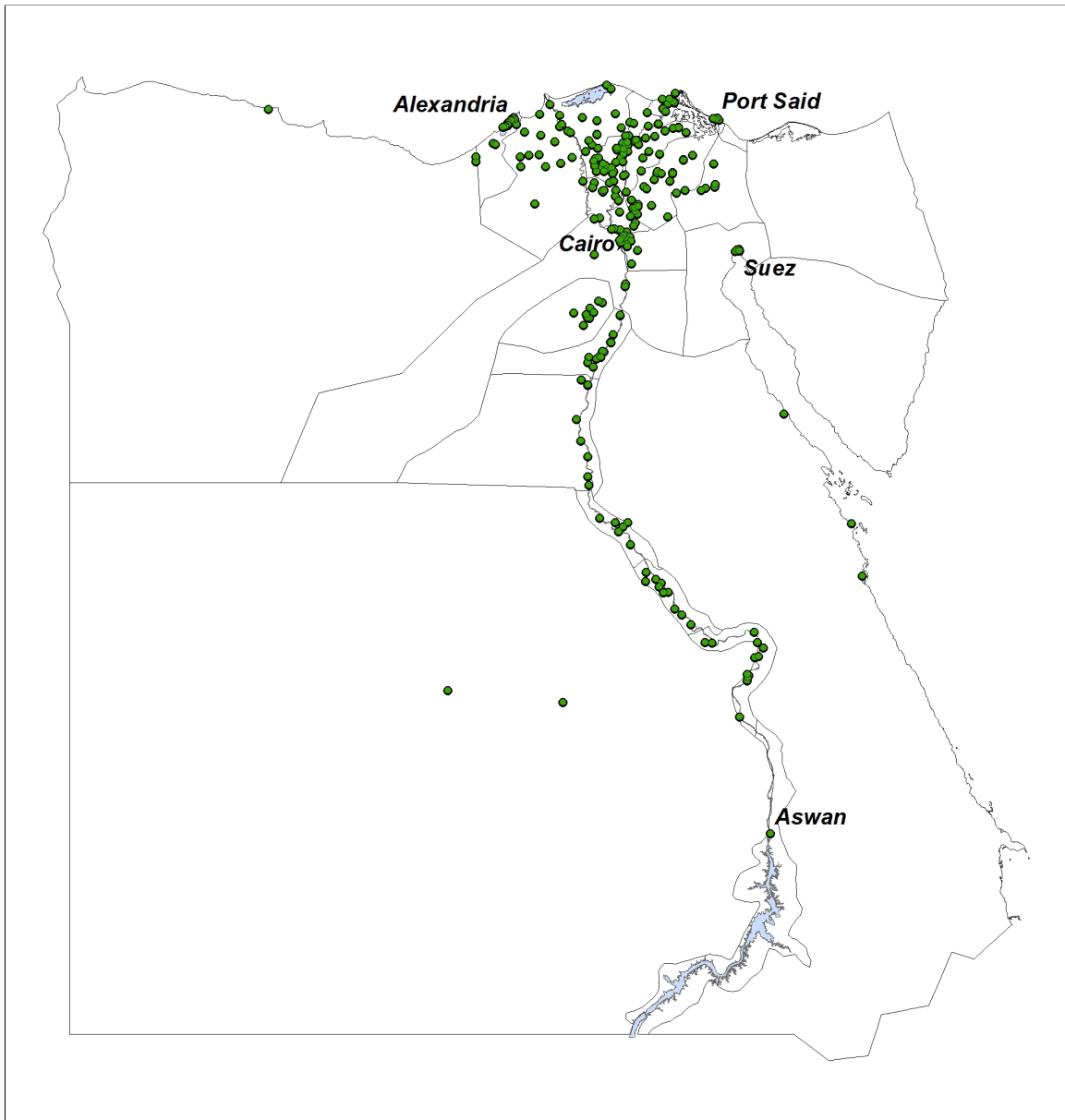


Table 6.5 summarizes a spatial analysis of the distribution of the Brotherhood's schools and community associations using the same basket of independent variables as in chapter three. Model one reports results of a logit regression, where

the dependent variable is the presence or absence of a school in that district.⁴ Model two is a linear model, where the dependent variable is a log-transformed count of community associations appearing in that electoral district.

Table 6.5: Regression Results, Distribution of Brotherhood Schools and Community Associations

	Schools	Community Associations
Brotherhood Political Contestation	2.966** (3.02)	0.890** (2.71)
Brotherhood Protest Events	0.0296 (1.26)	0.0134 (1.66)
Islamic Conservatism	-1.853 (-1.73)	0.706* (1.97)
Wealth	0.191 (0.64)	-0.000258 (-0.00)
Percent Births Unattended	0.133 (0.09)	-0.292 (-0.63)
District Population	0.811 (1.30)	0.525** (3.04)
Constant	-11.61 (-1.55)	-5.834** (-2.75)
R ²	.1538 (pseudo)	.183
N	216	216

t statistics in parentheses

* $p < 0.05$, ** $p < 0.01$

These results should raise confidence that the Brotherhood's provision of medical facilities is a reliable guide to other aspects of the group's social service endeavors. The Brotherhood's district-level electoral history strongly predicts where schools and community associations will exist. In fact, the relationship is even more robust than the spatial analysis of medical facilities. Similarly, those vari-

⁴In a linear model, the correlations between political contestation and wealth and the density of schools both strengthen. In addition, protest events emerge as highly significant.

ables exploring state capacity, religiosity, and membership density did not return statistically significant results.

For both schools and community associations the positive and significant correlation that appeared between medical facilities and district wealth drops out. Further, in the case of community associations the sign on the coefficient flips (although it too is not statistically significant), suggesting the possibility that is poorer locales that are more likely to host the Brotherhood's community associations.

An inability to control for an over-time component of schools and community associations (unlike with the medical facilities) potentially blurs the causal mechanism at work. For instance, one article mentions that the construction of Brotherhood schools dramatically increased following the fall of Hosni Mubarak.⁵ Were this the case, then the Mubarak-era political economy's ability to influence the placement of these schools would be limited.

These results also suggest directions for future research. For example, it is possible that the Brotherhood more actively conditions social services on district socioeconomic profile than chapters one and three suggest. While poorer areas cannot sustain the resource-intensive medical facilities and schools (which operate more or less as businesses), community associations tend to offer a much more diverse basket of goods, things like poverty and food assistance, wedding services, job training, micro-loans, and burial services. These highly scalable enterprises would be much less tied to the underlying socioeconomic structure- they

⁵Samah Abdel Hamid and Huda Zakariya, "al-Ta'meem' Yuntazir Madaris al-Ikhwan...Ta'sisha Bida' fi Ahad Mubarak wa Wasalat 60 Madrassa fi Hukm Morsi...wa Asiyut wa Sohag wa Menoufiyya Abraz Amakin al-Intishar (Nationalization Awaits the Muslim Brotherhood's Schools...They Were Established in the Mubarak Years, and by the Time of Morsi there were 60 Schools...Their Spread is Most Prominent in Asiyut, Sohag, and Menoufiyya)," *Cairodar*, October 28, 2013. Available online at: <http://goo.gl/ZHJDa9>. Accessed March 3, 2015.

could operate as large, multi-employee associations with extensive physical assets or, just as easily, they could take the shape of a private association run by a single successful professional.

This suggests that the mechanism connecting social service provision to electoral mobilization may be contingent on the *type* of good provided. For instance, in their classic *City Politics* Banfield and Wilson noted a division between working class “river wards” where vote buying was rampant and middle class “newspaper wards” where citizens voted on a more ideological basis (i.e. on the endorsement of newspapers) (1966, 118). Chapter five showed that social service provision drove voting in Egypt’s middle class “newspaper wards” by generating a reputational effect. Perhaps in Egypt’s poorer “river wards” the Brotherhood relied on community associations to pursue a mobilization strategy more reminiscent of classic vote buying.

The Secular Sources of the Islamist Advantage

When I asked Mohsen Radi, the Brotherhood’s longtime parliamentarian from Qaloubiyya, why the Brotherhood was so effective at providing social services, he had a simple answer: “no one can offer these services except someone working for God.”⁶ Yet one finding that stands out from the preceding pages is the relative *unimportance* of religion to the story of the Muslim Brotherhood’s provision of social services. In the historical, spatial, qualitative, and experimental record there is little to suggest that religion was either a necessary or sufficient condition to explain why the Muslim Brotherhood’s social service network generated such notable political gains.

⁶Author Interview, May 9, 2013

But if the electoral effect rests so heavily on competent, effectively managed and professional medical provision, then why was only the Muslim Brotherhood able- or willing- to reap the reputational benefit from providing these services? The disjuncture becomes even more pronounced considering that both during the Mubarak years and after, nearly every political party in Egypt operated their own network of social services. Even Hosni Mubarak's son- and heir apparent- used medical charity to restore the NDP's shine during the party's waning years.⁷ What caused the Muslim Brotherhood to stand out?

During the fieldwork for this project, I also visited one of the medical clinics of *Hizb al-Asala*, a salafi party, in a run down Cairo neighborhood. The clinic itself occupied the second floor of an old apartment building and consisted of a cluttered waiting room (the old living room/kitchen), a bathroom that doubled as a supply closet, and the doctor's office/examination room in what was once the bedroom. A sign with the party logo sat in a corner, waiting to be hung outside. When I arrived at the appointed time the waiting room was already filled with mothers and sick children, and the doctor was nowhere in sight. After waiting for thirty minutes or so, I decamped to the cafe next door and sipped tea underneath a giant banner showing the National Democratic Party's candidates for the district in the 2010 elections. The cafe owner thought so highly of the men that he had kept the banner up, long after the NDP's collapse and despite the Muslim Brotherhood's rise.

Two hours later a harried, middle-aged doctor dashed in and, eventually, we sat down to talk. The clinic in which we sat was, as he explained, his own way of serving the political party. He was from the area, and he had established the clinic

⁷Ahmed Amin 'Arafat, "al-Qawafel Tibiyya: Rishwa Siyasiyya! (Medical Caravans: Political Bribery!)," *al-Ahram*, December 21, 2013. Available online at: <http://digital.ahram.org.eg/articles.aspx?Serial=1495761&eid=19>. Accessed November 28, 2013.

in consultation with party leaders to try and “bridge the gap” between ordinary people’s lives and the rhetoric they heard from politicians. Using donations he had opened the facility, and few patients paid. He was the only doctor who worked there and, as I had witnessed, he came by once or twice a week when he could spare the time from his main job at a university hospital and his secondary job running a private clinic.

After spending months visiting the Muslim Brotherhood’s facilities, the scene here was particularly jarring. The divergent levels and quality of care were particularly notable, but what particularly drew my interest was the underlying differences in the way that the facility was organized and managed. The doctor kept irregular hours, was usually late, and sometimes he simply did not show up at all. The clinic was tidy but not particularly clean. There were very few medical supplies or dedicated pieces of medical equipment. In fact the doctor examined children by laying them on his desk. If the problem was particularly acute or difficult, he would have to simply send the family to a government or university hospital for care.

While the doctor was obviously doing his best in a tough situation, these divergent experiences highlight how the poor clientele shaped the broader atmosphere at the facility. *Hizb al-Asala* had made a conscious decision to locate their clinic in a poor area, and were quite open about their hope to translate their medical provision into electoral support. Other Egyptian opposition parties adopted the same strategy- consider this dispatch from the official newspaper of Egypt’s opposition *Hizb al-Wafd*, describing a campaign rally in Suez governorate:

Doctor al-Sayyid Badawi, head of the *Wafd* Party, confirmed that throughout the past years the the party’s social role has been no less beneficial to the people than the party’s political role. He pointed to the tens of

thousands of citizens who found in the party's clinics free medical exams by well-regarded professors of medicine, free surgical procedures in the best hospitals, and the distribution of numerous medicines, all free of charge.⁸

While the *Asala* and *Wafd* parties clearly hoped to leverage these services for electoral effect, the *type* of voter-party linkage they were forging was quite different than the reputational effect that benefitted the Muslim Brotherhood. In effect, *Asala* and *Wafd* were engaged in classic clientelism: the contingent, episodic exchange of goods or services for electoral support. Their provision was aimed at the poor (the classic targets of clientelism), and those beneficiaries were expected to repay the provision at the polls rather than in cash.

The decision to target the poor shaped the character of *Asala* and *Wafd's* provision in important ways. By providing free medical services (as the *Wafd* dispatch mentioned three times in two sentences) these parties precluded the possibility of a sustainable, competitive income stream. This, in turn, affected the *quality* of the medical provision. For instance, at the *Asala* clinic the doctor was committed to helping but the services were rudimentary, the equipment was lacking, and the hours were unpredictable. In contrast, the middle-class base produced for the Brotherhood a steady income stream facilitating well-paid staff, extensive services and supplies, and reliable hours. This is not to say that *Asala*, *Wafd*, and parties like them would see zero benefit on election day. But any effect their social service provision produced would run through the contingent, episodic exchange of clientelism rather than the reputational effect that proved so powerful for the Brotherhood.

⁸Abdullah Da'if, "Ta'yeed Sha'abi Wasia' Li-Murashahi al-Wafd fi Hayy al-Arba'een bil-Suez (Wide Popular Support for the Wafd's Candidates in the Arba'een Neighborhood of Suez)," *al-Wafd*, November 16, 2011. Available online at: <http://goo.gl/ToSV21>. Accessed November 28, 2013.

And as chapter one showed, targeting the poor with clientelist appeals forced these parties to compete against well-stocked and powerful regime clientelist networks. Indeed, the *Asala* clinic was embedded in precisely the places where the NDP had historically been strong- witness the cafe owner beside the clinic who had kept up his NDP banner into the summer of 2013. So even when these parties *did* deploy their social service networks in an attempt to mobilize voters, they were picking a fight with the regime on its home turf.

Appreciating the Politics of Islamist Social Service Provision

Nearly every study of the Muslim Brotherhood mentions the group's proficiency in social service provision. Yet few authors provide basic information about this network, detail its effects in Egypt's cities and villages, or explain why it varies across the country's socioeconomic terrain. At the same time, attempts to connect this provision to the Brotherhood's remarkable history of electoral success rarely amount to more than convenient but unfalsifiable "just-so" stories.

This dissertation proposed an explanation for both the observed empirical variation in the Brotherhood's pattern of social service provision and the Brotherhood's theoretically unexpected ability to expand their electoral coalition under Egypt's authoritarianism. By extending social services in electorally competitive districts, and bypassing those where their opponents were strong, the Brotherhood maximized both their resources and chances to prevail in these contests. And the Brotherhood expanded their electoral appeal by using these facilities to signal the competency and compassion of their candidates for elected office, stapling Egypt's disaffected middle class to their own ideological core.

Appendix A

The Muslim Brotherhood's Electoral History, 1976-2011

Despite the singular importance of elections to the story of the Egyptian Muslim Brotherhood, specifics about these contests are limited. In the following section I discuss the process, controversies, and sources I used to compile the history of the Brotherhood's electoral participation.

A primary difficulty of studying Egypt's elections is the lack of detailed, useful information on opposition candidates, including their names, the districts in which they competed, and their vote totals. The Egyptian government's official election results only contain the names of winners, their vote tallies, and the number of spoiled ballots. Theoretically, the names of opposition candidates should be available in pre-election editions of Egyptian newspapers, as Egyptian law requires that all candidates publish their names in a "newspaper of national circulation" prior to the election. The problem is that the law is followed to the letter only. Individuals appear by name and district without affiliation or any other potentially identifying information.

In some ways focusing on the Muslim Brotherhood makes this task easier. The intense interest in their parliamentary activity has generated a number of studies and other potential sources of information, although many of these accounts are in Arabic and focus primarily- if not totally- on the group's activities in parliament itself (Ahmed 2005, Markaz al-Umma 2005, Ragheb and Ibrahim 1996, Tawil 1992,

Radi 1990). Heshmat also offers a helpful but brief summary of the Brotherhood's time in parliament (2006, 13-20). At the same time, many of these accounts contain contradictory information and mistakes. This is doubly true for the earlier stage of the Brotherhood's parliamentary participation in the 1970s and 1980s.

I combined this literature with newspaper coverage and interviews in an attempt to collect a name, election year, and electoral district for each candidate the Muslim Brotherhood put forward for election to Egypt's lower house of parliament. If I could not obtain all three of these pieces of information, I did not include the candidate in the dataset. That said, I believe I am missing roughly a dozen candidates- mostly from the 1984 elections- and that I have accounted for all the winners.

Two caveats are in order. First, in addition to the three categories above I also tried to collect accurate information on the seat for which the candidate contested (worker/farmer or professional). In nearly all cases I found this information, although there were occasional conflicts- in some cases two sources identified a candidate differently, in other cases the candidate would be identified as one category, but in the parliamentary directory the other. Second, for my research the presence or absence of a Brotherhood candidate in a district is more important than the identity of the specific candidates themselves. This matters given the occasional practice of nominating "replacement" candidates, whereby in some districts a backup candidate stands ready to step in if the original Brotherhood candidate is arrested, disqualified, or otherwise indisposed.

1976

The Brotherhood participated in the 1976 elections as part of their efforts to “test the waters” after their Nasser-era absence from circulation.¹ Notably, in these and the following elections (1979) the Brotherhood participated as individuals, rather than a group. The first conflict over who was, and was not, a Brotherhood candidate begins with these elections.

In her 2013 book Carrie Wickham states that “six members of the Muslim Brotherhood won seats in (the 1976) parliament,” although she only mentions Salah Abu Ismail by name (2013, 31). Her source, Abdelaziz Ramadan, notes further that all six ran as members of Sadat’s “Middle” platform (in lieu of official parties Sadat had authorized three “platforms:” left, middle, and right). Ramadan’s chapter also supplies some specific names: Saleh Abu Ismail, Jamal Rabi’, and Adel ‘Eid. He also identifies Saleh Abu Ruqaiq as an additional candidate without a constituency (1993, 166-167, 181).² Abu Ruqaiq apparently did sit on the “steering committee” of Sadat’s center trend, although since he lacks a constituency I do not include him in my dataset (Ramadan 1993, 166-167). I also lack enough information to include Jamal Rabi’ in my dataset.

Adel ‘Eid (Adel ‘Eid Abdel Maqsoud), from Alexandria, exemplifies the difficulties of classification. Hussam Tammam suggests that the Brotherhood simply backed him in 1976 because of some ideological affinity, but that he was a non-aligned candidate (2011, 28). In their official wiki (*Ikhwanwiki*), the Muslim Broth-

¹Author Interview, Mohsen Radi, May 9, 2013.

²Abdel Aziz Ramadan, “Le Nouvel Élan Des Frères Musulmans (The Brotherhood’s New Verve),” *Le Monde Diplomatique*, August 1977; and U.S. Embassy Cairo, “Preliminary Look at Election Lists,” September 26, 1976, ID: 1976CAIRO13146_b. Available online at: https://search.wikileaks.org/plusd/cables/1976CAIRO13146_b.html. Accessed January 8, 2014; “al-Mustashar Saleh Abu Ruqaiq,” *ikhwanwiki*, N.D. Available online at: <http://goo.gl/U5fgws>. Accessed January 22, 2014.

erhood identifies 'Eid as a sympathetic, but non-Brotherhood MP (they actually affiliate him to the *Wafd*, which also seems incorrect).³ An obituary says that he was often misidentified as a member of the Brotherhood due to his piety, but he was in fact not aligned with them.⁴

Other sources differ. An Arabic-language study clearly identifies him as a member of the Brotherhood's bloc (Ragheb and Ibrahim 1996, 159, 183).⁵ 'Eid also wrote the foreword to longtime Brotherhood parliamentarian Gamal Heshmat's account of his time in parliament (2006, 5-7), and also wrote in contemporaneous issues of the Brotherhood's *al-Da'wa*.⁶ *Al-Da'wa* also covered his campaign rallies in its 1976 issue.⁷ Another source claims that Eid was the Brotherhood's representative (along with Saleh Abu Ismail) in forging the 1984 electoral alliance with the *Wafd* Party.⁸

Ultimately I include Adel 'Eid in the Brotherhood's bloc because in his memoirs he reproduces a parliamentary interpolation of the Interior Minister in which he identifies himself as "affiliated to the thought of the trend of Islamic *da'wa*" ('Eid 1984, 79). This was a common way for members of the Brotherhood to refer to themselves. Further, his willingness to declare it in open parliament- while challenging the Interior Minister over his treatment of Islamic groups- reveals the depth of the commitment.

³"Nuwwab al-Ikhwan fi al-Barliman 'Abr al-Tarikh," *ikhwanwiki*. Available online at <http://goo.gl/TH73Jl>. Accessed January 8, 2013.

⁴"Adel 'Eid: Hayat Barlimaniyya Sakhiba wa Mawt Hadi' (Raucous Parliamentary Life and Peaceful Death)," *al-Ittihad* (UAE), February 19, 2006. Available online at: <http://www.alittihad.ae/details.php?id=49859&y=2006>. Accessed January 8, 2013.

⁵Note that 'Eid's name is misspelled on the chart on p. 159, but spelled correctly on p. 183.

⁶see, for instance the July 1981 issue, pp. 78-79.

⁷Mohammed Abdel Hakim Tiyal, "Illa Allah...Illa Allah ya Masr (To Allah, oh Egypt, to Allah!) *al-Da'wa*, No. 7 (December 1976), p. 13.

⁸Adel al-Dargali, "Mustapha Tawil: al-Ikhwan Khanu al-Wafd 'Am 84 wa Yunqudun ay Itifaq (The Brotherhood Betrayed the *Wafd* in 1984 and Broke the Agreement)," *al-Masry al-Youm*, October 10, 2011. Available online at: <http://today.almazryalyoum.com/article2.aspx?ArticleID=313467>. Accessed January 8, 2013.

I also include Sheikh Saleh Abu Ismail, father of 2011-2012 presidential candidate Hazem Abu Ismail, to my dataset. Saleh Abu Ismail stood for election in Giza, winning in 1976, 1979, 1984, and 1987 (he died in 1990), although in a number of works he is not included among the Brotherhood's bloc in Parliament. In the 1987 parliament, according to a semi-official parliamentary directory, he was the only Brotherhood parliamentarian to affiliate to *Hizb al-Ahrar*, when all other members of the bloc affiliated to *Hizb al-Amal* (al Sayyid N.D., 179). Although he was certainly an independent voice in the Brotherhood, Abu Ismail was undoubtedly a member, and so I include him.⁹

1979

In the 1979 elections the number of independent Brotherhood candidates stood at three. Saleh Abu Ismail stood for re-election and was joined by Hussein Gamal in Cairo and Mohammed Maraghi in Alexandria.¹⁰ I have found no controversies around their inclusion, and they appear in future elections as Brotherhood candidates, so I add all three.

1984

In 1984 the Brotherhood formally entered electoral politics, joining in an alliance with the new *Wafd* party (El-Telmessani 1985, 184-185). In a post-election interview, Brotherhood General Guide Omar El-Telmessani claimed "we had twenty-

⁹For example, in a 1984 interview in the pan-Arab daily *al-Sharq al-Awsat*, Abu Ismail noted that "I am one of them" in reference to the Brotherhood. "Maadi Hizb al-Wafd wa Hadirhu Khathu al-Siyasi: Da'm al-Huriya al-'Ama wa al-Dimoqratiya, (*Hizb al-Wafd's* Past and Present Political Outline: Supporting General Freedoms and Democracy), *al-Sharq al-Awsat*, April 7, 1984, p. 10.

¹⁰"Nuwwab al-Ikhwan fi al-Barliman 'Abr al-Tarikh," *ikhwanwiki*. Available online at <http://goo.gl/TH73Jl>. Accessed January 8, 2013.

two candidates.”¹¹ Although I have found the seven winners, I have been unable to assemble a complete list of candidates for the 1984 elections. The most complete record of this period lies in Ragheb and Ibrahim’s *The Political Role of the Muslim Brotherhood in the Shadow of Restricted Political Pluralism in Egypt 1984-1990* (1996) and Abdallah’s *The Egyptian Parliament 1976-1995* (1998). Both provide lists of candidates and winners, although Abdallah mostly relies on Ragheb and Ibrahim’s list. Importantly, Ragheb and Ibrahim admit that they were unable to find information on more than 12 candidates (1996, 159). In an effort to expand their findings I obtained the official list of all candidates running on the *Wafd* party’s list as published in the *Wafd* party’s newspaper, *al-Wafd*, and I also visited *Wafd* party officials active during the period, although I could not expand their list beyond the two names discussed below.

One controversy is over the inclusion of Sheikh Abdelghaffar Aziz (Dakhiliyya) in the list. Ragheb and Ibrahim include neither Aziz nor Saleh Abu Ismail in their list of candidates, saying that although people tend to include them in lists of Brotherhood parliamentarians, the two do not tend to identify themselves that way (1996, 158, 181).¹² Abdallah notes this same objection (1998, 90-91). Other sources include Aziz among the list of Brotherhood parliamentarians.¹³ Because I include Saleh Abu Ismail, I also include Sheikh Abdelghaffar Aziz in my dataset.¹⁴ All told, I am confident that I have located all but a handful of

¹¹“Muslim Brotherhood Leader on Elections, Policy,” *al-Majallah*, June 9-15, 1984. Translated in FBIS, June 13, 1984.

¹²Shamakh includes Ismail in his list, but drops Gamal and Mesmari (2011, 89).

¹³“al-Islamiyyun wa al-Barliman (Islamists and Parliament),” *al-Ahram*, January 29, 2012, p. 13. Available online at: <http://digital.ahram.org.eg/youmy/EventBrowes2.aspx?add=49486>. Accessed January 12, 2013.

¹⁴Both Ismail and Aziz are listed in the *Wafd*’s list. For Ismail, see “Qawaim Murashahi al-Wafd fi al-Intikhabat Majlis al-Sha’b (List of *Wafd* Candidates in the Parliamentary Elections),” *al-Wafd*, April 26, 1984, pp. 6-7. Available online at <http://www.alwafd.org/digital/index.php?date=26-04-1984>. Accessed February 12, 2013. For Aziz, see “Qawaim Murashahi al-Wafd fi Muhafizat al-Dakhiliyya wa al-Giza wa Beni Suef wa al-Minya wa Sohag wa Qena wa Aswan (List of *Wafd* Can-

candidates.

1987

In the 1987 elections the Brotherhood dropped the *Wafd* and joined the tripartite “Islamic Alliance” (*al-Tahaluf al-Islami*) with the Labor party (*Hizb al-'Amal*) and the “People’s Party” (*Hizb al-Sha'b*). I began the dataset for the 1987 elections by compiling a list of Muslim Brotherhood parliamentarians from a number of books, including those from the group’s own printing house (Tawil 1992, Radi 1990).¹⁵ Some of the entries do not list complete information on the electoral district, so to confirm I relied on a parliamentary directory to complete the information (al Sayyid N.D.). Ragheb and Ibrahim list 36 parliamentarians, but they admit they cannot find two more (1996, 351-354). The Brotherhood’s magazine, *Liwa' al-Islam*, also references 36 parliamentarians.¹⁶ My list includes 38 parliamentarians because, as discussed earlier, I add Salah Abu Ismail and Abdelghaffar Aziz.

In order to locate the candidates for that election I obtained an official list of Islamic Alliance candidates published in the Labor Party’s newspaper, *al-Sha'b*.¹⁷ In some cases the names of Brotherhood candidates were recognizable due to their participation in the 1984 elections (or in later elections). However to com-

didates in the governorates of Dakhiliyya, Giza, Beni Suef, Minya, Sohag, Qena, and Aswan),” *al-Wafd*, May 3, 1984, p. 4. Available online at <http://www.alwafd.org/digital/index.php?date=03-05-1984>. Accessed February 12, 2013.

¹⁵Radi’s book appears to form the basis for the list published on *Ikhwanwiki* (primarily because both make the notable error of not including Saif al-Islam Hasan al-Banna, son of the group’s founder).

¹⁶Mohammed Abdel Quddous, “al-Tahaluf al-Islami Abraz al-Sawt al-Islami wa Wajh Latma lil-Hukm al-Shumuli (The Islamic Alliance is the Most Prominent Islamic Voice and Face Striking at the Totalitarian Regime),” *Liwa' al-Islam*, May 17, 1987, p. 16.

¹⁷“Isma' al-Murashaheen 'ala Qawaim Hizb al-Amal, (Names of Candidates on the Labor Party’s List),” *al-Sha'b*, March 10, 1987, p. 7. A second, updated list was published one month later, “Isma' al-Murashaheen 'ala Qawaim Hizb al-Amal, (Names of Candidates on the Labor Party’s List),” *al-Sha'b*, April 6, 1987, p. 15

plete the list of candidates I visited members of the Labor Party active during the 1987 elections and went through the remaining candidates name-by-name as they identified who was from the Brotherhood.¹⁸

1990

The Brotherhood, along with nearly every other opposition political party, boycotted the 1990 parliamentary contests over a change in electoral rules. Appendix B discusses these changes and the associated controversy.

1995

In the 1995 elections the Brotherhood came back in force. Despite a campaign of arrests and the use of military trials, the Brotherhood nominated roughly 170 candidates.¹⁹ On October 10 the London-based Arabic newspaper *al-Hayat* published a list of 142 candidates and their districts.²⁰

As the elections were not scheduled until Nov. 29, in the interim occurred a number of relevant developments. Another group of sixteen Brotherhood candidates nominated themselves from behind bars a few weeks later.²¹ Although the *al-Sha'b* article simply listed the candidates' names and governorates, I extrapolated the specific district in which they ran by referring to the legal documents

¹⁸I am especially grateful for the assistance of Mohammed Ibrahim and Hasan Elfeel at the Cairo headquarters of *Hizb al-Amal al-Gedid* on May 1, 2013.

¹⁹U.S. Embassy Cairo, "Egypt's Muslim Brotherhood: Down but not Out," November 12, 1997, ID: 97CAIRO11981_a.

²⁰Muhammed Salah, "*al-Hayat* Hasalat 'ala al-Isma' wa Amakin al-Tarsheeh: al-Hudaybi fi al-Dokki wa al-Banna fi al-Darb al-Ahmar: La'iha Murashihi al-Ikhwan al-Muslimeen fi Intikhibat Majlis al-Sha'b al-Masri, (*al-Hayat* Obtains the List of Names and Places of (Brotherhood) Nominations: al-Hudaybi in Dokki and al-Banna in al-Darb al-Ahmar: The list of Muslim Brotherhood Candidates for the Egyptian Majlis al-Sha'b elections)," *al-Hayat*, October 10, 1995, p. 7.

²¹Imad Mahgub, "16 Murshahan Jadidan Lil-Tahaluf al-Islami min Khalaf Aswar al-Sijin (16 New Candidates for the Islamic Alliance from Behind Bars)," *al-Sha'b*, October 22, 1995.

that Mohammed Salim al-'Awwa's reproduces in his authoritative account of that 1995 military trial (El-'Awwa 2012). These documents listed the home addresses of each of the men, and I assume that each ran in the district in which his home was located (cross-checking the candidates for whom I had third party data on their precise district revealed no discrepancies). In addition, I have been able to add a few more candidates through following the press coverage of the elections, primarily in *al-Ahram Weekly* and *al-Sha'b* (the Brotherhood was still nominally a member of the Islamic Alliance, so their candidates received coverage in the Labor party's paper).²² Despite fielding so many candidates only one, Ali Fath al-Bab, managed to find his way into parliament.

2000

The 2000 elections were held over three rounds during October and November 2000 and featured 74 candidates from the Brotherhood. The Islamist newspaper *Afaq Arabiyya* profiled the candidates during October and November 2000.²³ I also found information on candidates, including their distribution, in the *al-Ahram* center's analytical report (Reda 2001), as well as the Brotherhood's *Ikhwanwiki* website. From the 74 candidates would emerge 17 deputies, each of whom I identified from a parliamentary directory (Rabie 2002).

²²Amirah Huwaydi, "Islamist Allies Part Ways," *al-Ahram Weekly*, Oct. 12-18, 1995.

²³Three issues were particularly important. "Tanfarud 'Afaq Arabiyya' bi-Nashr Isma' wa Rumuz Murshahi 'al-Ikhwan' fi al-Marhala al-Ula (*Afaq Arabiyya* Exclusively Published the Names and Symbols of the Brotherhood's Candidates in the First Round)," *Afaq Arabiyya*, Oct. 19, 2000, p. 3; "Tanshur 'Afaq Arabiyya' Isma' Murshahi 'al-Ikhwan' fi al-Jowla al-Thaniya wa Moa'idha al-Ahad 29 min October al-Jari (*Afaq Arabiyya* Publishes the Names of the Brotherhood Candidates in the Second Round, and the Date of the First Round is this Coming October 29th)," *Afaq Arabiyya*, October 26, 2000, p. 3; and "Isma' al-Murashiheen al-Ikhwan fi al-Marhala al-Thalitha illate Tajri al-Youm al-Arba'a (Names of the Brotherhood Candidates in the Third Round, that is Occurring on Wednesday)," *Afaq Arabiyya*, November 9, 2000, p. 3. I appreciate Jason Brownlee sharing these issues with me.

2005

The 2005 elections were held over three rounds during November and December 2005. The Brotherhood published a list of 170 candidates on the group's official *Ikhwanonline* website, and also provided a number of articles tracking the results of specific races.²⁴ The candidates are also listed in Ahmed's self-published study of these elections (2005, 243-253). Of the 170 candidates, 89 entered Parliament, the Brothers' best showing prior to Arab Spring (Rabie and 'Azbawi 2006).

2010

For the 2010 elections, I relied on the Brotherhood's list of candidates as published on the *Fatakat* forum.²⁵ In some cases, it was not indicated whether the candidates were competing for a worker or farmer seat. In these cases, I made an individual judgment based on their biographical details, including their occupation and educational history. Despite the list of candidates, none made it through to victory, as the Brotherhood decided to boycott runoffs in the face of widespread fraud. Observer organizations later denounced these elections as the most fraudulent in Egypt's history. Less than one year later Egyptians forced Mubarak from power.

²⁴see <http://www.ikhwanonline.com/data/baralman2005/ikhwan.htm>. Accessed March 26, 2013. For articles, see in particular "al-Nata'ij al-Niha'iyya: Fawwaza Arba' min al-Ikhwan wa 42 youkhawadoun al-'Aida, (Final Results: Four Brotherhood candidates win (outright) and 42 contest runoffs)," *Ikhwanonline*, November 10, 2005. Available online at <http://www.ikhwanonline.com/print.aspx?ArtID=15725&SecID=212>. Accessed March 28, 2013; Abdel Ma'uaz Mohammed, "al-Ikhwan Haqqaqou 30.4% min Maqaid al-Marhala al-Thaniya, (The Brotherhood Achieve 30.4% of the Seats in the Second Round)," *Ikhwan Janub Qahira*, N.D. (Late November 2005?). Available online at: <http://www.dayra23.com/asp/Newsdtls.asp>. Accessed March 28, 2013.

²⁵Available at: <http://forums.fatakat.com/thread1001924>. Posted November 22, 2010, pp. 1-3. Accessed March 28, 2013.

2011-2012

The first post-Mubarak parliamentary elections spread from November 28, 2011 to January 11, 2012. The electoral system was divided between 2-member majoritarian districts and multiple-member proportional representation districts. The Brotherhood fielded 474 total candidates, 336 list candidates and 138 individual candidates. The Freedom and Justice Party published three press releases identifying the candidates.²⁶ I identified the winners by cross-checking the *al-Ahram* Center's directory of parliamentarians with data compiled by independent researchers (Rabie 2012, Sallam 2013).

²⁶"Bayan bi-Isma' Murashahi al-Huriyya wa al-'Adala (Qawaim wa Fardi) fi Muhafizat al-Marhala al-'Ula (Statement of Freedom and Justice Candidate Names for Governorates in the First Round)," *Nafidhat Misr*, November 26, 2011. Available online at: http://www.egyptwindow.net/news_Details.aspx?News_ID=15632. Accessed March 28, 2013; "Bayan (18) lil-Huriyya wa al-'Adala: Isma' Murashahi al-Hizb 'ala (al-Qawaim wa al-Fardi) lil-Marhala al-Thaniyya, (Freedom and Justice Party Statement No. 18: Party Candidates (List and Individual Candidacies) for the Second Stage)," *Nafidhat Misr*, December 11, 2011. Available online at: http://www.egyptwindow.net/news_Details.aspx?News_ID=15921. Accessed March 28, 2013; "Bayan (35): al-Huriyya wa al-'Adala yukhoud al-Marhala al-Thalitha bi-136 Murashahan (Isma' Murashahi al-Qawaim wa al-Fardi), (Statement 35: Freedom and Justice Party Contests the Third Stage with 136 Candidates (Names for Candidates of the List and Individual Seats)," *Nafidhat Misr*, December 29, 2011. Available online at http://egyptwindow.net/news_Details.aspx?News_ID=16210. Accessed March 28, 2013.

Appendix B

Egypt's Shifting Electoral Geography, 1971-2011

Egypt's rulers have endlessly tinkered with the country's electoral institutions, including the country's political geography. Given the importance of mapping Egypt's constituencies for this research project, this appendix briefly describes the major presidential decisions, laws, and court decisions that have shaped the electoral map at various points in Egypt's modern history. This is not meant to be a comprehensive study of Egypt's electoral institutions and geography, rather a short summary of those decisions affecting the total number, constituency borders, and magnitude of each electoral district for the lower house of parliament, the *Majlis al-Sha'b*.

Soon after his 1970 ascent to power Anwar Sadat introduced a new constitution. The 1971 constitution established a legislature composed of "at least" 350 elected officials and up to ten additional members that the president would directly appoint (article 87).¹ Egyptians would elect these 350 members, two at a time, from 175 electoral districts (*da'ira*, pl. *dawa'ir*) whose borders were first specified eight years earlier, in Law 171 of 1963.²

Presidential Decree Law 73 of 1968 altered the internal administrative divi-

¹The 1971 Egyptian Constitution is available, in English, on the Egyptian State Information Service website: <http://www.sis.gov.eg/En/Templates/Articles/tmpArticles.aspx?CatID=208>. Accessed July 12, 2015.

²"Qanun Riqm 171 li-Sina 1963 (Law 171 for 1963)," *al-Jareeda al-Rasmiyya*, No. 300 (December 30, 1964), pp. 2053-2115.

sions of the electoral districts. For instance, some decisions separated neighborhoods from existing *aqsam* to constitute a new *qism*, both of which remained in the original electoral district. In other cases, however, the laws amended the borders of the electoral districts themselves.³ A second round of amendments came with Law 70 of 1971 that, among other things, altered the border between the Cairo and al-Qaloubiyya governorates.⁴

Law 38 of 1972 officially re-established the 175 two person districts, based on the new constitution and effectively reverting back to the system specified in law 171 of 1963, although it did leave some borders open to amendment.⁵ Law 119 of 1976 amended some of these boundaries in preparation for the 1976 elections, held in October.⁶ These elections christened Sadat's experimentation with political liberalization, and he split the Arab Socialist Union into three platforms: left, right, and center. In addition, independents were also allowed to contest seats (Baker 1990, 109).

Prior to the 1979 elections, Law/Decision 21 of 1979 further amended Law 38 of 1972 to create a 382-member parliament. The only amendment to the electoral map was the addition of a two-person district (the 176th), which came from splitting the Sinai Peninsula into North and South districts. The 30 additional members came from adding a third seat in 30 districts that was reserved for female candidates (specified in article 3).⁷

³"Qarar al-Ra'is al-Jumhuriyya al-Arabiyya al-Mutahhida bil-Qanun Riqm 73 li-Sina 1968 (Decision of the President of the Egyptian Arab Republic of Law 73 of 1968)," *al-Jareeda al-Rasmiyya*, No. 49, (December 5, 1968), pp. 781-792.

⁴"Qarar al-Ra'is al-Jumhuriyya al-Misr al-Arabiyya bil Qanun 70 li-Sina 1971 (Decision of the President of the Egyptian Arab Republic of Law 70 of 1971)," *al-Jareeda al-Rasmiyya*, No. 39, (October 5, 1971), pp. 1-24.

⁵"Qanun Riqm 38 li-Sina 1972 (Law 38 of 1972)," *al-Jareeda al-Rasmiyya*, No. 39 (September 28, 1972), pp. 550-554.

⁶"Qanun Riqm 119 li-Sina 1976 (Law 119 of 1976)," *al-Jareeda al-Rasmiyya*, No. 37 (September 12, 1976), pp. 1-19.

⁷"Qarar Ra'is Jumhuriyyat Misr al-Arabiyya bil-Qanun Riqm 21 Li-Sina 1979 (Decision of the

In advance of the 1984 elections, Law 114 of 1983 transformed Egypt into a party list system in which 48 constituencies elected 448 parliamentarians. Individual candidates were barred from participation. In 31 districts a seat was also reserved for female candidates. The law was also notable because it established a 8% national threshold for each party's vote tally. If a party fell below this threshold, their votes would instead accrue to the top nationwide vote-getter (the National Democratic Party, conveniently).⁸

Activists mounted a challenge to the law in court alleging, among other things, that it unfairly discriminated against individual candidates. Probably to pre-empt their challenge, the government dissolved parliament and issued a new electoral law, Law 188 of 1986. The new law amended Law 114 of 1983 to create a mixed party list/individual candidacy system of 48 districts. Each district would elect one representative individually and the remainder of the representatives from a party list system.⁹ For instance, in the 1987 elections Ibrahim Zaafrani contested the individual seat for the Brotherhood in Alexandria, while two other Brotherhood candidates contested governorate seats on the list of the Islamic Alliance.

In May 1987 Egypt's Supreme Constitutional Court did rule parts of Law 114 of 1983 unconstitutional because it barred individuals from contesting seats.¹⁰ Of course, by this time the new parliament had been seated, so the ruling's relevance was questionable. However in May 1990 the Supreme Constitutional Court

President of the Egyptian Arab Republic of Law 21 of 1979)," *al-Jareeda al-Rasmiyya*, No. 17 (26 April 1979), pp. 1-2.

⁸"Qanun Riqm 114 li-Sina 1983 (Law 114 of 1983)," *al-Jareeda al-Rasmiyya*, No. 33 (August 11, 1983), pp. 1864-1882.

⁹"Qanun Riqm 188 Li-Sina 1986 (Law 188 of 1986)," *al-Jareeda al-Rasmiyya*, No. 52 (December 31, 1986), pp. 3-8.

¹⁰"Qidayat Riqm #37 Li-Sina 6 Quda'iyya (Case #131 for the 6th Judicial Year)," *al-Muhakima al-Dustoriyya al-'Aliya*, Cairo, May 16, 1987. Available online at: <http://www.hccourt.gov.eg/Rules/getRule.asp?ruleId=437&searchWords=>. Accessed August 2, 2013.

also ruled that Law 188 of 1986 was unconstitutional.¹¹ Parliament was again dissolved, and elections scheduled for later in 1990.

Because the Supreme Constitutional Court had ruled both the pure list and mixed list-individual electoral systems unconstitutional, the Mubarak government drafted a new electoral law from scratch. Shortly before the 1990 elections the government presented Law 206 of 1990, based on a nationwide system of 222 two person, first-past-the-post districts (*Majlis al-Sha'b* 1990). Although the law angered the opposition to the point where most would boycott of the 1990 elections, it would be remarkably stable and endure for nearly two decades. One notable change was in Law 27 of 1995 which advanced several small amendments to some constituency borders, in Menoufiyya, Beheira, Qena, and Red Sea.¹²

In April 2008 Hosni Mubarak issued presidential decree No. 114 creating two new governorates, 6 October and Helwan, from sections of the Cairo and Giza governorates.¹³ In December 2009 he issued presidential declaration No. 378 carving out the Luxor governorate from the Qena governorate.¹⁴ In order to incorporate these changes into the electoral system, Law 68 of 2010 outlined the new electoral constituencies in these governorates. These took effect for the 2010 *Majlis al-Sha'b* elections. The total number of constituencies remained 222.¹⁵

¹¹"Qidayat Riqm #37 Li-Sina 9 Quda'iyya (Case #37 for the 9th Judicial Year)," *al-Muhakima al-Dustoriyya al-'Aliya*, Cairo, May 19, 1990. Available online at: <http://www.hccourt.gov.eg/Rules/getRule.asp?ruleId=421&searchWords=>. Accessed August 2, 2013.

¹²"Qanun Riqm 27 li-Sina 1995 (Law 27 of 1995)," *al-Jareeda al-Rasmiyya*, No. 16 (April 20, 1995), pp. 16-19.

¹³"Qarar Rais Jumhuriyyat Misr al-Arabiyya Riqm 114 li-Sina 2008 (Decision of the President of the Egyptian Arab Republic No. 114 of 2008)," *al-Jareeda al-Rasmiyya*, No. 16 (April 17, 2008), pp. 3-5.

¹⁴"Qarar Rais Jumhuriyyat Misr al-Arabiyya Riqm 378 li-Sina 2009 (Decision of the President of the Egyptian Arab Republic No. 378 of 2009)," *al-Jareeda al-Rasmiyya*, No. 49 (December 9, 2009), pp. 3-5.

¹⁵"Qanun Riqm 68 li-Sina 2010 (Law 68 of 2010)," *al-Jareeda al-Rasmiyya*, No. 19 (May 18, 2010), pp. 2-201.

Following Mubarak's February 11, 2011 departure the Supreme Council of the Armed Forces (SCAF) took control of Egypt's transition. On March 30, 2011 SCAF issued a "Constitutional Decree" that established a framework for new, post-Mubarak presidential elections.¹⁶ In May 2011, SCAF released a draft electoral law that introduced a split Majoritarian/Proportional Representation system, with two-thirds of the deputies elected from Majoritarian districts with one-third from the PR districts. The SCAF settled on this system despite the fact that Egypt's Supreme Constitutional Court had ruled a similar mixed system unconstitutional (as discussed above). After public outcry, on September 26, 2011 SCAF pronounced decree 120/2011 formalizing the dual Majoritarian/List electoral system. However the specific ratio was reversed from the May draft: Egypt would be partitioned into 46 list districts and 83 Majoritarian (2 member) districts. Three hundred thirty-two members would hail from the PR districts, while 166 came from the majoritarian districts.¹⁷

¹⁶"*al-Masry al-Youm* Tanshir Nus al-'Alan al-Dustori...wa al-Intikhabat al-Rai'siyya Qabl Nihayat al-'Aim al-Gari (*al-Masry al-Youm* Publishes the Text of the Constitutional Announcement...Presidential Elections Before the End of the Coming Year)," *al-Masry al-Youm*, March 30, 2011. Available online at: <http://www.almazryalyoum.com/news/details/122361>. Accessed July 10, 2015.

¹⁷"Marsoum bi-Qanun Riqm 121 li-Sina 2011 bi-Ta'deel Ahkam al-Qanun Riqm 206 Li-Sina 1990 (Decree/ Law 121 for 2011 Amending Some Judgements of Law 206 of 1990)," *al-Jareeda al-Rasmiyya*, No. 38, September 26, 2011, pp. 8-82.

Appendix C

Survey Methodology

This appendix spells out the structure, sampling methodology, quality control efforts, and background of my May 2014 survey experiment of Egyptians' experience with social service provision (discussed in Chapter five). A series of tests on the varying survey subgroups (treatments and controls) is also included in order to assess the quality of the random assignment. Finally, this section includes series of validity checks which, while important, do not warrant inclusion in the body of the chapter. For further information or specific .DO files related to the analysis of the survey or this appendix, please contact me directly.

The results reported here are part of a broader telephone survey of Egyptians' experiences with non-state provision of social services, in collaboration with Jason Brownlee of the University of Texas at Austin. The University of Texas at Austin Institutional Review Board approved the study (study no. 2012-05-0084). The full survey included 3707 respondents separated across three groups. The control and Muslim Brotherhood groups (n=2483) are discussed in this dissertation and appendix. A third group, consisting of 1224 respondents, received a similar prime that discussed a third religious organization, *al-Gam'iyya al-Shar'iyya*. I report those findings in a separate paper (2015).¹

¹A full description of the survey structure is available by visiting my website, www.steventbrooke.com.

The Egyptian Center for Public Opinion Research (*Baseera*) carried out the survey over seven days, from May 14 to May 20, 2014. The full sample included 3707 respondents. This was 107 respondents larger than the targeted sample size of 3600 (three 1200-respondent groups). The control group (Ministry of Health) included 1238 respondents, while the treatment group (the Muslim Brotherhood) included 1245 respondents. The survey response rate was 50.8%.

The survey queried Egyptians aged 18 to 91 over both landline (48.21% of the sample) and mobile phones (51.79%). Mobile customers were selected through random digit dialing, while landline numbers were randomly selected from a comprehensive database of Egyptian landlines. Combining landlines with mobile lines captures over 90% of the Egyptian population. Face-to-face surveys typically capture a similar proportion of the Egyptian population, but do so by skipping a number of lightly-populated governorates for logistical or security reasons. This telephone survey included respondents from each of Egypt's 27 governorates.

Not only are telephone surveys well accepted in Egyptian survey research, they offer a number of advantages germane to this specific project. First, the CATI (computer aided telephone interviewing) software automates randomization and skip patterns. In early iterations of this survey a face-to-face version was considered and piloted multiple times, but the lack of computer tablets left randomization and proper skipping up to the enumerators. This, in addition to enumerators' relative lack of experience with experimental research, created problems in the early pilots and necessitated a shift to the phone version. Further, the vagaries of Egyptian law mean that telephone surveys are not subject to Ministry of Interior veto power. Face-to-face surveys, on the other hand, must be pre-cleared by the Ministry. Especially given the sensitivity of this project this was a significant concern.

This survey was piloted four times beginning in November 2012. The experimental format (very rarely used in Egypt) and a series of difficult randomizations required multiple pilot attempts to execute correctly. As an additional check on the methodology, I contracted a third-party Egyptian researcher and instructed him on proper selection processes, interview techniques, attention to detail, and faithfulness to the questionnaire form. He followed the survey as it was piloted and separately reported back to me. The full survey was executed only after I was satisfied with the survey company's ability to correctly follow the protocol and implement the survey instrument.

For purposes of external validity, Table C.1 compares the survey sample against the most recent iteration of the Egyptian census, from 2006. Note that "Urban Governorates" encompasses four governorates designated as such by the Egyptian government: Cairo, Alexandria, Port Said, and Suez.

Table C.1: Survey and Population Characteristics

	Survey (2014)	Census (2006)
Mean Age	39.7 years	36.9 years
Modal Age	50 years	35 years
Percent Female	47.05%	49.25%
Percent Christian	5.62%	5.8%
Percent Unemployed	8.79%	5.16%
Modal Education Level Completed	Secondary/Votech	Secondary/Votech
Percent Living in Urban Governorates	22.63%	18.23%

For purposes of internal validity, Table C.2 reports the distribution of key variables of each subgroup across the treatment and control, as well as the results of t-tests.

Table C.2: Distribution of Key Variables, Treatment (T) vs. Control (C)

Subgroup	μ_T	σ_T	μ_C	σ_C	t value
Mean Age	39.912	.401	39.851	.409	-.1057
Percent Urban	.621	.014	.688	.013	3.4852
Percent Female	.477	.014	.474	.014	-.1336
Percent Christians	.048	.006	.062	.007	1.51
Percent Unemployed	.095	.008	.092	.008	-.2516
Percent Anti-Brotherhood	.195	.011	.175	.011	-1.3066
Socioeconomic Status (1-3)	1.832	.023	1.827	.022	-.1743
Percent Contacted via Mobile	.561	.014	.502	.014	-2.928
Mean Years of Formal Schooling	12.737	.162	12.799	.158	.2769
Percent Receiving a Male Enumerator	.282	.013	.288	.013	.3308

Of the socioeconomic or politically-distinguished subgroups, urbanization was systematically different across the populations, and those receiving the Brotherhood treatment were significantly more rural than those in the control. However, the difference was in a direction *opposite* of what we would expect to create a problematic bias in the results. In the 2012 parliamentary elections the Brotherhood's party performed better in the urban areas and worse in the rural ones, and a number of authors have noted that the Brotherhood's strength generally lies in urban areas (Masoud 2014a, Bayat 2007b, El-Ghobashy 2005, Wickham 2002, Kupferschmidt 1982).² Thus the observed difference between the two groups would, theoretically, make it more difficult for the treatment to move individuals in a pro-Brotherhood direction. This raises confidence that the observed treatment effects are not artifacts of underlying differences in the two groups. The distribution of landlines versus mobile phones was also uneven across the groups at the $p < .01$ level. Specifically, a higher percentage of the treatment group was contacted via mobile phone than was contacted through land lines (49.8% to 43.9%). This is, potentially, the reason for the urban/rural variation as well (rural individuals would assumedly be more likely to rely on mobile phones).

²Tammam, however, claims the Brotherhood's base has steadily shifted to rural areas in recent decades, a process he calls the "ruralization" *taryeef* of the group (2012, 71-83).

The random assignment to treatment and control minimizes concerns about selection bias in the overall experiment. However there is the possibility, mentioned in the chapter, that bias may influence opinions in the treatment (Brotherhood) subgroup. In other words, those respondents randomly selected into the Muslim Brotherhood subgroup may artificially inflate their ratings of the Brotherhood's facilities- in effect being primed by the mention of the Muslim Brotherhood to inflate their opinion of the Muslim Brotherhood's medical facilities. This would obviously distort both the word cloud (Figure 5.7) and the associated t-test (Figure 5.5). While this seems unlikely, given the social and political pressures for respondents to strategically *deflate* their opinions of the Brotherhood, it is possible to test for this effect.

To do so, this section repeats both the word cloud and t-test as in chapter five. In this iteration, however, the Muslim Brotherhood subgroup is limited only to those who, unprompted, expressed hostility towards the Brotherhood prior to receiving the treatment. Table C.3 shows the opinions of Brotherhood *opponents* as to the quality of the Brotherhood's medical facilities.

Table C.3: Difference of Means Test, Brotherhood *Opponents'* Satisfaction with Facilities

	Respondents	Descriptors	Mean	Std. Dev.
Muslim Brotherhood Facilities	24	54	.833	.376
Health Ministry Facilities	774	1841	.307	.461
t = -8.3042, p < .00001				

Likewise, Table C.1 only uses descriptive terms from those respondents who, prior to receiving the treatment, expressed hostility towards the Muslim Brotherhood.

Figure C.1: Brotherhood *Opponents'* Description of Brotherhood Facilities



Average
Reasonable Good
Compassionate
Well-Equipped Clean
Professional

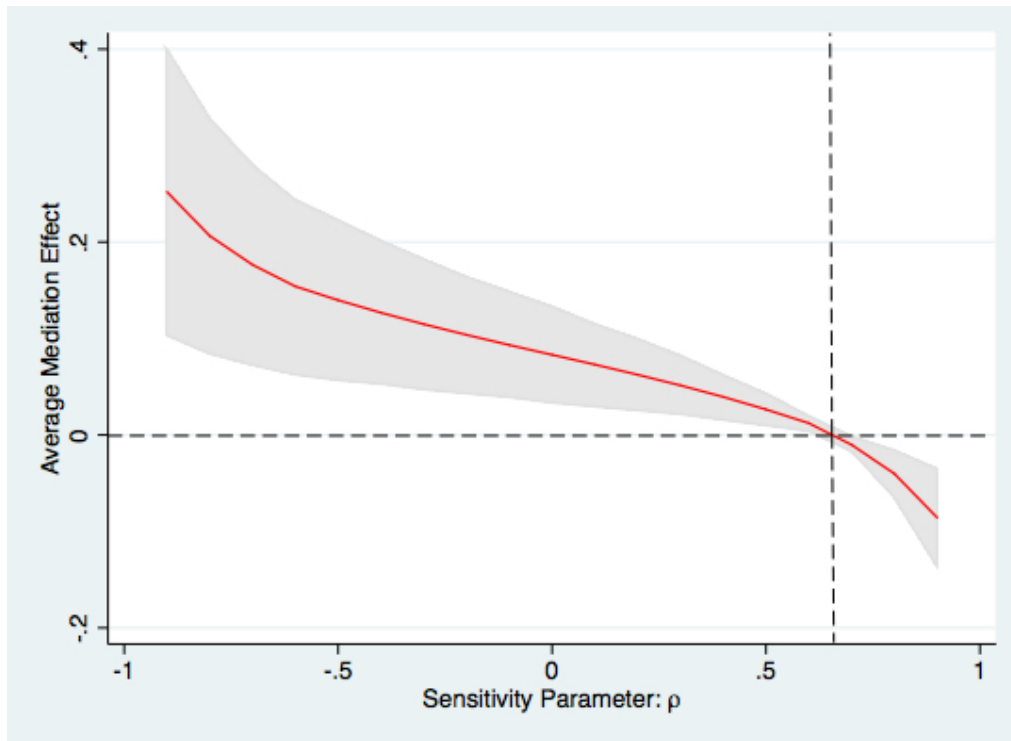
Both the above t-test and word cloud support the results presented in the main body of the chapter. Specifically, they show that even those who expressed an *ex-ante* hostility towards the Brotherhood were willing to rate the group's medical provision efforts highly. This shows, to the greatest extent possible with the current data, that the positive effects of the Brotherhood's social service recorded in the survey are likely not the result of a selection bias. In this case, the positive effects were detected even among those least likely to be affected by the treatment.

Sensitivity Analysis

The causal mediation analysis in chapter five rests on an assumption of sequential ignorability that cannot be directly tested (Imai et al. 2011). However the *mediation* package for Stata also allows iterative violations of the assumption by allowing the error terms of the two OLS regression models (mediator and outcome) to correlate more and more strongly. As this sensitivity parameter (ρ) approaches complete

correlation (1 or -1), the value of ρ when the Average Causal Mediation Effect reaches zero provides a metric of the validity of the causal mediation analysis. Figure C.2 graphically presents the relationship.

Figure C.2: Sensitivity Analysis



In this case, the ACME reached zero at $\rho = .6341$. As Imai et. al. point out, there exists no baseline standard for judging the acceptable value of ρ . Instead, they suggest comparing the value of ρ in the present analysis with the value of ρ as observed in other examples of mediation analysis in the literature (2011, 776). For instance, in a separate article, Imai et. al. (2010) note a value of $\rho = .48$ for a study of media framing (Nelson and Kinder 1996). Again, while a substantive explanation of the value of ρ as observed in the above causal mediation analysis,

it is possible to say that it is notably stronger than in this example, and robust to fairly significant violations of the sequential ignorability assumption ($\rho = 0$).

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